



County of Lincoln — Parts of Kesteven

ANNUAL REPORT

of the

**COUNTY MEDICAL OFFICER
OF HEALTH**

for the year

1952

J. H. C. CLARKE, M.A., M.D., D.P.H., D.T.M. & H.



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29529530>



County of Lincoln — Parts of Kesteven

ANNUAL REPORT

of the

**COUNTY MEDICAL OFFICER
OF HEALTH**

for the year

1952

J. H. C. CLARKE, M.A., M.D., D.P.H., D.T.M. & H.

COUNTY OF LINCOLN—PARTS OF KESTEVEN

HEALTH COMMITTEE

(Constitution as at 31st December, 1952)

Chairman:

Alderman H. DEER

Vice-Chairman:

Alderman Mrs. G. H. SCHWIND, M.B.E.

Aldermen

T. W. ATKINSON

C. W. BARRAND

Lt.-Com. J. CRACROFT-
AMCOTTS, D.S.C., D.L.

A. EVERETT

G. W. HUTSON

F. J. JENKINSON (*ex-officio*)

J. W. MILNER

Sir R. PATTINSON, D.L. (*ex-officio*)

Col. F. D. TROLLOPE-BELLEW,
D.S.O., O.B.E., M.C., D.L.

Councillors

A. E. BELLAMY

W. BEVAN

J. H. BRIGHTON

Mrs. J. W. BROWSE

Mrs. A. S. CHANTRY

R. A. COLLINS

J. D. DAY

S. J. EDWARDS

C. H. FENELEY

H. L. HUDSON

C. J. REDMILE

Mrs. N. ROBSON

Miss A. ROOKE

H. SKELLS

J. E. SNELL

L. R. SWINGLER

W. E. YOUNG

CO-OPTED MEMBERS:

Mrs. B. PALMER

The Hon. Mrs. D. N.

TROLLOPE-BELLEW

Mrs. L. M. WARD

Mrs. C. J. WILLOWS

Representing Kesteven Local Medical and Panel Committee:

R. G. NETHERY, M.R.C.S., L.R.C.P.

Representing Kesteven Local Dental Committee:

H. J. MILLER, L.D.S.

PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL

County Medical Officer of Health:

School Medical Officer:

Medical Officer for Maternity and Child Welfare and Medical Supervisor of Midwives:

Medical Officer for Mental Health Services:

J. H. C. CLARKE, M.A., M.D., D.P.H., D.T.M. & H.

Deputy County Medical Officer of Health, Deputy School Medical Officer and Deputy Medical Officer for Maternity and Child Welfare:

T. J. O'SULLIVAN, M.A., M.D., D.P.H., L.M.

Assistant County Medical Officers, Assistant School Medical Officers and Assistant Medical Officers for Maternity and Child Welfare (Part-time):

W. ANLEY HAWES, M.B., B.S., D.P.H.

R. M. ROSS, M.B., Ch.B., D.P.H.

V. B. TULLOCH, M.B., Ch.B., D.P.H.

W. PARKER HARRISON, M.R.C.S., L.R.C.P.

Chest Consultants:

H. G. H. BUTCHER, B.A., L.R.C.P., M.R.C.S., D.P.H.

G. B. ROYCE, B.S., M.B., Ch.B.

(Joint appointments with R.H.Bs.)

Consultant Staff

The part-time services of the following consultants have been made available during the year to this Authority by arrangement with the East Anglian and Sheffield Regional Hospital Boards:—

Orthopaedic Surgeons:

J. P. JACKSON, F.R.C.S., M.R.C.S., L.R.C.P.

NOEL J. SMITH, B.A., M.B., B.Ch., B.A.O., F.R.C.S.I.

Ophthalmic Surgeons:

G. M. BARLING, M.B., D.O.M.S.

A. H. BRIGGS, M.Sc., M.B., Ch.B., D.O.M.S.

W. A. BRIGGS, M.B., B.Ch., D.O.M.S.

S. P. REDMOND, M.B., B.Ch., B.A.O., D.O.M.S.

Consulting Physician for Rheumatism and Heart Diseases:

J. W. BROWN, M.D., F.R.C.P.

Ear, Nose and Throat Surgeons:

G. W. MOREY, M.B., B.S., D.L.O.

A. A. FINLAYSON, M.B., Ch.B., F.R.C.S.

Dermatologists:

D. I. McCALLUM, M.B., Ch.B., M.R.C.P., D.P.H.

E. C. RITTER, M.B., Ch.B., M.R.C.P.

Senior Dental Surgeon:

V. HOWARTH, L.D.S.

Dental Surgeons:

C. H. EDNEY, L.D.S., R.C.S. (appointed 7/3/52 part-time)
(3 whole-time Vacancies)

Part-time Anaesthetists in the Dental Service:

A. CAMPBELL-HOLMS, M.B., Ch.B., D.A. (appointed 7/3/52)

N. H. BLOOM, M.R.C.S., L.R.C.P., D.A. (appointed 7/3/52)

Public Analyst (Part-time):

W. W. TAYLOR, B.Sc., F.I.C.

County Nursing Superintendent:

Non-Medical Supervisor of Midwives:

MISS M. HUGHES

Assistant County Nursing Superintendents:

Miss P. M. PARKER
Miss L. DICK

County Health Visitors:

Mrs. H. M. ANDREWS	Miss E. M. JONES
Miss M. BRAY	Miss E. McNAIR
Miss O. A. BROOKS	Miss F. H. SMITH (appointed
Miss B. BROWN	1/1/52)
Miss L. CALSI (appointed	Miss M. E. STAMFORD
27/10/52)	(Temporary)
Mrs. E. HOLLAND	Miss E. M. WOOD

Also 22 District Nurse-Midwives act as part-time Health Visitors

Physiotherapists:

Miss E. A. PECK, S.R.N., M.C.S.P.
Mrs. G. E. MELCHERT, M.C.S.P. (Resigned 3/5/52)
Mrs. C. SEAMAN, M.C.S.P. (Temporary part-time from 3/10/52)

County Almoner:

Vacant

Matron, St. Catherine's Road Day Nursery, Grantham:

Mrs. M. E. HIBBERD, S.R.F.N.

County Sanitary Officer:

J. F. LOFTHOUSE, M.R.San.I., M.I.San.E., M.S.I.A.

Dental Attendants:

Miss A. M. TURNER
Miss B. T. BARKER (Appointed 12/5/52)
Two Vacancies

Non-Medical Staff—Mental Health Services:

W. E. VICKERS, M.B.E. (Chief Authorised Officer)
W. HOLMES, Authorised Officer—North Kesteven District
N. A. CLARKE, Authorised Officer—East Kesteven District
R. H. BENTLEY, Authorised Officer—South Kesteven District
B. J. BROWN, Authorised Officer—West Kesteven District
J. W. ALLPRESS, Authorised Officer at Headquarters
W. A. PERKINS, Authorised Officer at Headquarters

Chief Clerk:

W. S. DENCH

Ambulance Officer:

L. V. LAWRENCE

District Medical Officers of Health and Sanitary Inspectors

<i>District</i>	<i>Medical Officer of Health (all part-time appointments)</i>	<i>Sanitary Inspector</i>
Borough of Grantham	R. M. Ross, M.B., Ch.B., D.P.H.	C. Taylor
Borough of Stamford	W. Anley Hawes, M.B., D.P.H.	L. J. Roll
Urban District of Sleaford	J. W. Scholey, M.B., Ch.B.	T. E. Dagwell
Urban District of Bourne	J. A. Galletly, M.B., D.P.H.	W. H. Howard
Rural District of North Kesteven	W. Sharrard, M.B.	J. Chadwick
Rural District of East Kesteven	J. W. Scholey, M.B., Ch.B.	J. A. Saville
Rural District of South Kesteven	J. A. Galletly, M.B., D.P.H.	W. A. Chivers
Rural District of West Kesteven	R. M. Ross, M.B., Ch.B., D.P.H.	J. Dean

CONTENTS

	PAGE
INTRODUCTION	6
STATISTICS—	
General Statistics	8
Extracts from Vital Statistics	8
Births	9
Deaths	10
SURVEY OF LOCAL HEALTH SERVICES—	
GENERAL	12
CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE—	
Ante and Post Natal Services	17
Unmarried Mothers	18
Provision of Maternity Outfits	18
Birth Control Clinic	18
Infant Welfare Centres	19
Consultant Services	19
Care of Premature Infants	20
Supply of Dried Milk, etc.	21
Dental Care	21
Day Nursery	22
Nurseries and Child Minders Regulation Act, 1948	23
Institutional Provision for Mothers and Young Children	23
HEALTH VISITING	24
MIDWIFERY—GENERAL	25
DOMICILIARY MIDWIFERY AND HOME NURSING ...	26
VACCINATION AND IMMUNISATION	29
AMBULANCE SERVICE	31
PREVENTION OF ILLNESS, CARE AND AFTER-CARE ...	35
Tuberculosis	35
Mental Illness and Mental Deficiency ...	37
Illness Generally	38
Health Education	38
DOMESTIC HELP	39
MENTAL HEALTH	42
PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES	45
TUBERCULOSIS	47
VENEREAL DISEASES	49
INSPECTION AND SUPERVISION OF FOOD	49
SANITARY CIRCUMSTANCES	54
STATISTICAL TABLES	55

COUNTY OF LINCOLN—PARTS OF KESTEVEN

Mr. Chairman, My Lord, Ladies and Gentlemen,

I beg to present my Annual Report for the year 1952.

At the request of the Ministry of Health, Medical Officers of Health have been asked to prepare a review of the Health Services since the 5th July, 1948, the date upon which the National Health Service Act, 1946, was implemented.

The review, which is included in this report, will convey, so far as the County Council's Part III services are concerned, a summary of the work involved in working out schemes relative to new services, e.g., the Nursing Service, Ambulance, Care and After-Care, Vaccination and Immunisation Schemes, etc., or the expansion or modification of existing arrangements, e.g., the services relative to Midwifery and the Care of Mothers and Young Children. Certain defects in the structure of the Act governing them, as well as in the Hospital and other services emerging from this Act have been revealed. Although passing mention has been made of some of these in the Survey, every effort has been made to ensure effective liaison at all levels between the Part III and the other services, with, I believe, a considerable measure of success.

The general effect of this Act upon the Public Health, Medical, Ophthalmic, Pharmaceutical, Dental and Hospital Services as they existed in July, 1948, has been far reaching, and, indeed, in some respects quite revolutionary in character.

Up to July 1948 voluntary service played an important part in the Hospital and Nursing Services, but since that time it has been, to a very great extent, eliminated. Whether this is a good thing is a matter of opinion, but it will be seen that in this County the most strenuous effort has been made to preserve as much as possible of the voluntary principle. For example, in the Council's Ambulance Service we have enlisted the good-will and co-operation of the B.R.C.S. and St. John Ambulance Brigade in the part-time staffing of our Ambulance fleet, mainly as attendants. As a result of this and certain other factors we have achieved an efficient and economically run service. The same applies in our Medical Loan Depot Scheme and Home Help Service.

One of the principal changes which the National Health Service Act brought about was that the State accepted full financial responsibility for the various services provided under Parts II and IV of the Act, and approximately 50 per cent. of the cost of the Local Health Authority Services under Part III.

It is not possible within the compass of a short preface to enter into the pros and cons of the provision of "free" (i.e. in return for a comprehensive National Insurance contribution) doctoring (including specialist attention), medicines and drugs, spectacles, dental treatment or artificial teeth. Nor is it practicable to trace the immediate and more remote effects of these changes. But, as a broad generalisation, it may be said that the new services under Parts II and IV have uncovered what seems an almost unlimited demand for these Services, which it is impossible completely to satisfy, and which has necessitated the introduction of charges for medicine, spectacles and dental treatment in order to reduce the demand for and the rising costs of these Services.

It would appear that the National Health Service was based upon the fundamental assumption that, if comprehensive medical, hospital, etc. benefits were provided for all, then there must follow a diminishing demand which would reduce, or at least stabilise, the cost of the service. This has not happened, and has created in this inflationary era, especially in the hospital branch of the service, a financial problem of great magnitude.

Without commenting any further I think it may be agreed that the evolution of this scheme may require to be handled with vision. It may be doubted also whether present day conditions were ripe for such changes, and whether much advantage could not have been obtained from the well tried system of grants in aid, and the encouragement of voluntary service.

It may be in any future rearrangement of Public Medical policy that greater emphasis should be placed upon Prevention of Disability and Disease. The National Health Service expends by far the greater bulk of its resources upon treatment, especially in the hospital branch of the service. I consider that the emphasis of the Service should move away from treatment, i.e. palliatives and cures, in spite of the fact that these get most publicity and are most highly thought of. There can be no question that, although these are important, it will be the Prevention of Disease and Disability and the promotion of positive health that will in future pay the highest dividend.

I am, My Lord, Ladies and Gentlemen,

Yours faithfully,

J. H. C. Clarke.

Public Health Department,
County Offices, SLEAFORD.
30th May, 1953.

STATISTICS AND SOCIAL CONDITIONS

General Statistics

Area of Administrative County (in acres)	463,490
Population :	
Census 1921	108,237
,, 1931	110,360
,, 1951 (provisional)	131,566
Registrar General's estimate, 1952	134,600
Number of inhabited houses (Census 1921) ...	25,456
Number of inhabited houses (Census 1931) ...	27,590
Number of families or separate occupiers (1921) ...	25,823
Number of families or separate occupiers (1931) ...	27,845
Rateable Value (1st April, 1952)	£589,648
Estimated product of a penny rate, 1952-53 ...	£2,342

Extracts from Vital Statistics for the Year 1952

NOTE: Birth and Death Rates:

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this Report as "Nett" rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the rates for the Country as a whole.

These factors for Births and Deaths in respect of Kesteven are 1.07 and 0.96 respectively. The corresponding figure when multiplied by the Crude rate (that is, for Births or Deaths as the case may be) will give the Nett Rate.

Live Births:		Males	Females	Totals
Total	... ..	1085	1010	2095
Legitimate	... ..	1032	961	1993
Illegitimate	... ..	53	49	102
Crude Live Birth Rate per 1,000 of estimated population				15.56
Nett Live Birth Rate per 1,000 of estimated population				16.64
Rate for England and Wales	... ..	... ..	... ..	15.3
Stillbirths:		Males	Females	Totals
Total	... ..	28	24	52
Legitimate	... ..	27	22	49
Illegitimate	... ..	1	2	3
Stillbirth Rate per 1,000 of estimated population	... ..			0.38
Rate for England and Wales	... ..	... ..	... ..	0.35
Rate per 1,000 births—live and still				24.2
		Males	Females	Totals
Deaths	... ..	689	636	1325
Crude Death Rate per 1,000 of estimated population	... ..			9.84
Nett Death Rate 9.44. Rate for England and Wales	... ..			11.3

Maternal Mortality (i.e. Deaths due to Pregnancy, Childbirth or abortion).

No. of deaths	... ..	3
Rate per 1,000 total births (i.e. live and still)	... ..	1.39
Rate for England and Wales	... ..	0.72

Infant Mortality (i.e. Deaths of Infants under the age of one year).

		Males	Females	Totals
No. of Deaths	...	41	33	74
Legitimate	...	39	31	70
Illegitimate	...	2	2	4
				England and Wales
All Infants:			Kesteven	
Rate per 1,000 live births	...		35.32	27.6
Legitimate Infants:				
Rate per 1,000 legitimate live births	... ..	...	35.12	—
Illegitimate Infants:				
Rate per 1,000 illegitimate live births	... ..	...	39.21	—
Of the total infant deaths,	48	(or 67%)	occurred among	
children under four weeks of age.				

Births:

The Live Birth Rate of 15.56 per thousand of the estimated population showed a small decrease on that of the previous year. The number of live births belonging to the Administrative County was 2,095 (1,085 males and 1,010 females)—compared with 2,171 (1,138 males and 1,033 females) in 1951.

The 102 illegitimate live births—representing 4.8 per cent. of the total—showed an increase on the figure for the previous year, when there were 98 (4.5 per cent. of the total) such births.

The number of Stillbirths (52) was higher than last year but remained well below the average for the previous 10 years, and the Stillbirth Rate (0.38) was also below the average for the same period.

The following Table, which gives comparative statistics relating to births in the Administrative County since 1938, is of interest:—

Year	LIVE BIRTHS				STILLBIRTHS	
	Legitimate	Illegitimate	Total	* Rate	No.	* Rate
1938	1,569	98	1,667	14.57	70	0.61
1939	1,637	85	1,722	14.81	80	0.69
1940	1,665	88	1,753	15.91	58	0.53
1941	1,749	110	1,859	16.39	62	0.55
1942	1,927	165	2,092	18.47	66	0.58
1943	1,967	162	2,129	18.53	60	0.52
1944	2,045	200	2,245	19.75	64	0.56
1945	1,939	267	2,206	19.97	68	0.62
1946	2,094	176	2,270	20.06	65	0.57
1947	2,306	156	2,462	21.37	62	0.54
1948	2,130	168	2,298	19.20	67	0.56
1949	2,102	129	2,231	18.45	39	0.32
1950	2,058	121	2,179	16.78	48	0.37
1951	2,073	98	2,171	16.36	42	0.32
1952	1,993	102	2,095	15.56	52	0.38

*In calculating these rates for the years 1938-49 *Civilian* population figures were used while for 1950-52 the *Total* population figures have been used.

The number of births notified in the County under Section 203 of the Public Health Act, 1936, was 2,020—1,972 live births and 48 stillbirths.

Details with regard to Births in each of the 8 County Districts will be found in Table I, on page 55.

Deaths:

Details of deaths now supplied by the Registrar General are classified under the 36 headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, which has superseded the Abridged List of the International List of Causes of Death, 1938, in use from 1940 to 1949.

Chief Causes of Death.—The following is a statement of the chief causes of death compiled from the Registrar General's returns for the year:—

Cause of Death	No. of Deaths	Rate per 1,000 of est. pop. Kesteven
Other Heart Disease	258	1.92
Vascular lesions of Nervous System	190	1.41
Other defined and ill defined Diseases	137	1.02
Coronary Disease, Angina	148	1.10
Other Malignant and Lymphatic Neoplasms	131	0.97
Bronchitis	48	0.36
Other Circulatory Disease	48	0.36
Malignant Neoplasm, stomach	48	0.36
Pneumonia	45	0.33
Malignant Neoplasm, Lung Bronchus	36	0.27
Malignant Neoplasm, breast	24	0.18
Motor Vehicle accidents	24	0.18
Tuberculosis, Respiratory	23	0.17
All other accidents	23	0.17
Hypertension with Heart Disease ...	17	0.13

The Crude Death Rate from all causes for the County was 9.84 per thousand of the estimated population, while the Nett Rate was 9.44 compared with 10.34 the previous year. The number of deaths, which now include those of members of the armed forces stationed in the area, was 1,325 (689 males and 636 females): the figures for 1951 were 1,430 (739 and 691 respectively). The proportion of deaths over 65 years of age was 67.1 per cent. in the year under review, as compared with 68.9 per cent. in 1951, 68.1 per cent. in 1950, 67.0 per cent. in 1949 and 64.9 per cent. in 1948.

There were 74 deaths of infants under one year, representing an Infant Mortality Rate of 35.32 per thousand live births.

There were 3 deaths from maternal causes during 1952 representing a Maternal Mortality Rate of 1.39 per thousand total (live

and still) births—somewhat higher than the figure for the Country as a whole (0.72).

The following Table showing the number of deaths and rates during the past 15 years may be of interest:—

Year	* DEATHS (All Causes)		DEATHS (Infants under 1 year)		DEATHS (Puerperal Causes)	
	No.	* Rate	No.	Rate	No.	Rate
1938	1,306	11.42	89	53.39	4	2.47
1939	1,405	12.23	72	41.71	5	2.77
1940	1,511	13.72	85	47.78	5	2.76
1941	1,388	12.24	86	45.84	11	5.67
1942	1,353	11.94	87	41.59	8	3.71
1943	1,408	12.26	90	42.27	6	2.74
1944	1,298	11.42	100	44.54	0	0.00
1945	1,320	11.95	89	40.34	8	3.52
1946	1,352	11.95	90	39.65	2	0.86
1947	1,368	11.87	82	33.31	3	1.19
1948	1,320	11.04	70	30.46	2	0.84
1949	1,423	11.77	83	37.20	5	2.20
1950	1,455	11.20	90	41.30	1	0.45
1951	1,430	10.78	61	28.09	1	0.45
1952	1,325	9.84	74	35.32	3	1.39

*For the years 1938/49 deaths of non-civilians were excluded from the Registrar General's returns and Civilian population figures were therefore used for calculating the Death Rates. These deaths have, however, been included in the 1950/52 returns and the Total population figures have therefore been used in determining the Rates for those years.

The deaths registered under Heart Disease during 1952 numbered 423. Reference to the Chief Causes of Death shows that this remains the principal cause. The death rate per 1,000 of the estimated population at 3.14 was .53 lower than in 1951. The following is a statement of fatalities from Heart Disease during the 15 years 1938-1952.

Year	No. of Deaths	Crude Death Rate per 1,000 of estimated population	Percentage to total Deaths from all causes
1938	... 321	2.81	24.5
1939	... 381	3.33	27.1
1940	... 361	3.28	23.8
1941	... 297	2.62	21.4
1942	... 302	2.67	22.3
1943	... 309	2.69	21.9
1944	... 316	2.78	24.3
1945	... 362	3.28	27.4
1946	... 350	3.09	25.8
1947	... 391	3.39	28.5
1948	... 387	3.23	29.3
1949	... 441	3.65	30.9
1950	... 451	3.47	31.0
1951	... 486	3.67	33.9
1952	... 423	3.14	31.9

Further information regarding the causes of death, etc., will be found on page 56 and in Table III (inset).

SURVEY OF LOCAL HEALTH SERVICES JULY, 1948—DECEMBER, 1952

GENERAL

1. Administration

The Local Health Services in Kesteven are administered directly by the Health Committee of the County Council with the County Medical Officer of Health in executive charge. In view of the size of the population and the area of Kesteven, divisional administration or management through area sub-committees was not considered practicable; it was considered that an efficient and well co-ordinated service could best be obtained by centralised administration from the County Offices. However, where it has appeared desirable, local administration of day-to-day functions through agency arrangements, such as in the Home Help Service and the Medical Loan Depot Scheme, has been arranged. In only one service, namely the Ambulance Service, have joint arrangements been made with other authorities. In the north of the County an agency arrangement was made with the City of Lincoln, whereby the City Ambulance Service would cover an area in north and east Kesteven with a radius of approximately twelve miles from Lincoln. In the south of the County the St. John Ambulance Brigade and British Red Cross Society run agency Ambulance and Sitting Case Car Services respectively in Stamford and adjacent area, i.e. in Kesteven, Rutland and Northamptonshire. In this way, unnecessary duplication of Ambulance Services has been avoided. Arrangements have also been made with adjoining ambulance authorities for giving mutual aid as necessary.

2. Co-ordination and co-operation with other parts of the National Health Service

For a considerable time after the inception of the National Health Service Act, it was to be expected that the three types of authorities concerned with the organisation and administration of the Services to be provided, i.e. the Regional Hospital Boards, Executive Councils and Local Health Authorities, would be fully occupied in the practical application of their own schemes and consequently there was little opportunity for them to give much thought to this matter. The importance of integration of certain of these schemes was apparent from the outset and it was obvious that problems would arise if this matter did not receive early attention. Each authority had some conception of the others' proposals, but generally very little idea as to how such proposals were to be put into effect, and what was more important, how they would operate as part of an integrated service.

A fundamental defect of the National Health Service Act is that only the Local Health Authorities are instructed to prepare and circularise proposals or schemes for operating the services that are their responsibility, while the other two bodies are not bound by any such requirements. As far as the Executive Councils were

concerned, it was assumed that they would be working within fairly well-defined limits in accordance with established practice under the National Insurance Scheme, with the addition of ophthalmic and dental services which were a new responsibility, but it was otherwise in the case of the Regional Hospital Boards. In this branch of the Service considerable dislocation of existing Local Authority arrangements occurred, and further, much time elapsed before the Local Health Authority even began to learn what the local hospital arrangements would be. Looking upon the early days of the Health Service in retrospect, it seems that the intentions of the Boards should have been made clear at an earlier stage to enable the other Authorities concerned to consider their effect upon their own particular services, and if necessary to make suitable representations. In Kesteven also, with part of its area coming within the boundaries of one Regional Hospital Board and part within those of another Board, there have been occasions when administrative procedure has quite unavoidably been more complicated than it would have been if the area had come within the boundaries of one Board only.

As the various Health Services began to take shape and a clearer pattern emerged, it became obvious that some practical co-ordinating machinery should be set up if the services were to attain maximum efficiency. From the outset, Local Health Authorities have had direct representation on the Local Executive Councils but no similar representation on the Regional Hospital Boards or their various Hospital Management Committees. The composition of membership of Regional Hospital Boards and Hospital Management Committees is within the discretion of the Minister of Health and the Regional Hospital Boards respectively. It would be advantageous if the Local Health Authority were afforded the right to nominate some of the members to membership of the Hospital Management Committee, nomination to include, if so desired, the Medical Officer of Health of the Local Health Authority. There is no doubt as many Local Health Authority Services are intimately related to the Hospital Services, and as Hospital Services are a major local interest, that the individuals referred to, with their local knowledge and practical experience, could be of considerable assistance in the administration of the Services for which the Hospital Management Committees are responsible. In an attempt to establish a closer liaison between the Boards and Local Health Authorities, Liaison Committees comprising the Medical Officer of Health from each of the Authorities in the Region, the Senior Assistant Administrative Medical Officer of the Board and professional members of his staff, and the Ministry of Health's Regional Medical Officer, have been formed by the Sheffield and East Anglian Regional Hospital Boards. The Sheffield Regional Hospital Board has also formed Local Sub Area Co-ordinating Committees, upon which the professional staffs of the Authorities concerned in the administration of the Health Service generally are represented. The purpose of these Committees is to discuss the co-ordination of, and technical problems arising in, the various services at a local level.

Every opportunity has been taken in practice to improve co-operation between the Local Health Services on the one hand and the hospital, specialist and general medical services on the other. With regard to the hospital and specialist services, our immediate task was to ensure that whenever possible, suitable arrangements for diagnosis and treatment should continue to be made available for both the school child and the pre-school child. For many years prior to the National Health Service, the County Council had established at convenient centres in its area, special clinics for the diagnosis of ear, nose and throat diseases, orthopaedic, rheumatism and diseases of the heart, ophthalmic defects, etc. and any necessary treatment was promptly provided through the local hospitals with which the Council had made agreements on the terms of admission. The clinics were staffed by specialists employed part time by the Authority. At the inception of the National Health Service, these arrangements were thrown into the melting pot and as stated previously, it was some time before the Regional Hospital Boards indicated how they were to be continued, viz.:—that the policy of one Board was to continue diagnostic clinics more or less on the same lines as hitherto — themselves providing the specialists and the Authority the accommodation and nursing staff—while that of the other was to withdraw such clinics into outpatients' departments of the hospitals under their control. After protracted negotiations, the hospitals serving the area did eventually concede that the Local Health Authority should be furnished with information on patients at the time of their discharge to enable the Local Health Authority's Care and After Care Services to function as intended. It was accordingly arranged that, with the patient's consent, a discharge report be submitted; while on the whole this scheme works reasonably well in regard to pre-school and school children, much will depend upon the promptitude and regularity with which the various hospitals serving the area send these reports to the County Health Department. Information should be supplied not only concerning children, but adults as well and this should include an indication as to whether After Care, and in what form, is required. During the period an almoner was employed on the staff of the Health Department, she regularly visited the wards of several hospitals and discussed with patients any social problems, etc., they might have to face upon discharge, in order to assist in meeting and overcoming any handicaps to recovery. This arrangement was welcomed by the administrative and nursing staffs of the hospitals and further development of this arrangement when trained staff become available would no doubt be advantageous to patients. It is felt however that a fundamental defect in co ordination of After Care as of other schemes in the National Health Service is the separation of the Hospital, Executive Council and Local Health Authority services into three autonomous branches.

With regard to maternity cases, where there is any question of hospital accommodation being required on social grounds, the Authority's Health Visitors investigate and report in order that the

hospital may determine the degree of priority to be accorded to the patient. Experience has shown that this arrangement works well. The hospitals for their part furnish discharge reports on all maternity patients which are required by the Health Visitor in her follow-up visits. There has, however, been some difficulty where patients are discharged before the fourteenth day following the confinement. Prior notice is necessary in these cases in order that the District Midwives concerned may be notified and continue to supervise for the requisite period. Such notice, however, is often received too late to be of much value.

Reference to the arrangements made for the co-ordination of the Authority's Prevention of Illness, Care and After Care Service with the T.B. diagnostic and treatment services is made in the appropriate section (page 35) of this report.

The County Medical Officer of Health and his professional staff continue as heretofore to maintain close co-operation with the general medical practitioners. The County Medical Officer of Health is a member of the Kesteven Executive Council and the Local Medical Committee, and the Assistant County Medical Officers also maintain close personal contact with the various medical practitioners. The Health Visitor is expected to keep in close touch with the general practitioner on any matters affecting the health of families in her area, and to consult him whenever necessary on any medical matter arising out of supervisory visits to children. Similarly, if a Medical Officer at an Infant Welfare Centre has reason to believe a child is in need of treatment, the matter is referred to the child's own doctor. Often on these occasions the Medical Officer will discuss the case with the doctor concerned, e.g. in those instances where the question of referral to a specialist arises.

Shortly after the National Health Service Act came into force, a general guide to the Health Services in the area was issued to general practitioners, Health Visitors, District Nurses, etc. and also made available to the public through post offices, school clinics and infant welfare centres. Copies were also supplied to local newspapers. General practitioners and others concerned have since been kept informed by circular letter of any changes or developments in the various services administered by the Authority. By arrangement with the postal authorities addresses of District Nurses and offices to which application should be made for Home Helps are included in the lists exhibited in the main post offices in the area.

3. Joint use of staff

As already mentioned, the Sheffield Regional Hospital Board supplies specialist staff for sessional work at ear, nose and throat, rheumatism and heart, ophthalmic and orthopaedic clinics, and the East Anglian Regional Hospital Board assists in this way in connection with the County Council's ophthalmic clinics. Dr.

W. Anley Hawes, the Assistant County Medical Officer in Stamford, also holds the part time post of Consultant Physician at the Stamford Hospital, an arrangement of much value to the County Council. There are no other arrangements for Medical or other Officers employed by the Authority to work part time in the hospital and specialist services; there does not appear however to be much scope for such arrangements in Kesteven.

4. Voluntary Organisations

It has been the policy of the County Council to utilise the services of voluntary bodies. Consequently, a considerable amount of assistance is being received from these organisations in running certain of the Local Health Authority's Services. Attendants for that part of the Ambulance Service run direct by the County Council in central Kesteven are provided by the St. John Ambulance Brigade and the British Red Cross Society, to both of which organisations a small annual grant is made by the Authority towards administrative costs. As already stated these two societies run the Ambulance Services on an agency basis at Stamford and in the South of the County.

In all districts, with the exception of Grantham, the Home Help Service is administered utilising assistance from the W.V.S. who provide local organisers and clerical staff at the various centres. This organisation is also paid an annual grant to meet the cost of providing the clerical help, while other necessary expenses incurred are met directly by the County Council. The services of the local organisers are provided free.

The three Medical Loan Depots in the area are provided and maintained on a grant aided basis by the British Red Cross Society.

Under the Council's scheme for the care of mothers and young children, there is satisfactory co-operation between the Authority and the N.S.P.C.C. whose Inspectors are always willing to assist in investigation of cases of child neglect brought to notice by the Health Visitors. They have also been helpful in supporting the Health Visitors' efforts in bringing about improvements in homes where, although there may be no direct evidence of neglect, there are factors present that militate against the mental or physical well-being of the children.

Another valuable service, embracing care and re-habilitation of the un-married mother, is being provided by the Lincoln Diocesan Association for Moral Welfare, with whom the Health Department works in close association, in particular in relation to the admission and cost of maintenance of expectant un-married mothers to the Association's Quarry Maternity Home at Lincoln.

CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE

Ante and Post Natal Services

Prior to the National Health Service Act ante and post natal supervision was carried out in rural and all urban areas under the County Council's Scheme, also in Grantham at an Ante Natal Clinic and these arrangements were used extensively. Where abnormalities were found requiring specialist or hospital treatment, this was arranged through the Council's Schemes at appropriate local hospitals. The Council's Scheme for Ante and Post Natal supervision continued in the transitional period until 1950 when it was entirely superseded by the scheme of Maternity Medical Services of the Kesteven Executive Council. For similar reasons it was found that the number of women who attended Grantham Ante and Post Natal Clinic declined to such an extent that this clinic was closed in March 1952. These changes became inevitable when it became the function of the Executive Council to defray the cost of the attendance of Private Medical Practitioners according to a National Scale where a doctor has been booked by the patient for the confinement. In cases which have not previously booked a doctor for the confinement where a district midwife requests medical aid, the fees continue to be payable by the County Council.

Ante and post natal supervision is now undertaken by General Medical Practitioners who work in close association with the domiciliary midwives. General Practitioners who carry out domiciliary midwifery under Executive Council arrangements are first approved by the Local Obstetric Committee—a small professional body which includes in its membership a Consultant Obstetrician and Gynaecologist of standing in the profession; the County Medical Officer of Health is also a member.

The medical practitioners are able to recommend the attendance of any patient for specialist opinion and treatment at appropriate local hospital clinics.

The midwives are available to assist at ante-natal sessions in general practitioners' own premises, or by periodical visits with the general medical practitioners at the homes of expectant mothers in isolated areas. In the event of any special blood tests being required, these are undertaken by arrangement with the practitioners and the National Blood Transfusion Service, Sheffield.

In accordance with the provisions of the National Health Service Act, free ambulance or sitting car transport is made available when indicated to expectant mothers who attend hospital ante natal clinics, or require admission to hospitals or maternity homes.

Unmarried Mothers

Applicants for assistance are investigated by the Moral Welfare workers of the Lincoln Diocesan Association for Moral Welfare. Formerly this work was undertaken by the County Almoner but a grant is now paid to the Association by the County Council in recognition of this work.

Where necessary, unmarried mothers are admitted to the Association's maternity home (The Quarry, Lincoln) for a period of 16 weeks (4 weeks prior to confinement) for moral training and rehabilitation, the County Council accepting responsibility for maintenance charges for 14 weeks, less any contribution that may be made to the Home by the patient, the Regional Hospital Board meeting the costs for the 2 weeks lying-in period. The Association also arranges admissions to other suitable homes in cases of second or subsequent confinements; in this event the County Council usually accepts responsibility for maintenance charges.

The following are details of cases dealt with under the arrangements since 1948:—

	1948	1949	1950	1951	1952
Cases admitted to the Quarry Maternity Home	5	9	14	6	7
Cases admitted elsewhere ...	1	1	1	2	5

Provision of Maternity Outfits

Bulk supplies of maternity outfits are stocked by the Public Health Department and issued to the County Council's midwives who distribute them, upon application, direct to patients due to be confined at home. The free issue of these outfits is a benefit conferred by the National Health Service and is advantageous in many cases.

The rate of take up over recent years has been as follows:—

Half yr. ending 31/12/1948	95 (i.e. 14% of domiciliary confinements)				
1949	792 (.. 65% ..	..	..	..	)
1950	718 (.. 64% ..	..	..	..	)
1951	676 (.. 70% ..	..	..	..	)
1952	758 (.. 80% ..	..	..	..	)

Birth Control Clinic

This Clinic was opened in Grantham in September, 1950, for women in need of advice on medical grounds and the following cases have been dealt with:—

	No. of cases dealt with	No. of attendances
1950	7	11
1951	41	75
1952	50	125

Cases in the extreme north of the County attend Lincoln City clinic by arrangement, while some in the south attend the Married Women's Advisory Clinic in Peterborough.

Child Welfare

Infant Welfare Centres

Prior to July, 1948, the County Council ran 22 Infant Welfare Centres; by the end of 1952 this number had increased by 10. Very few districts can justifiably claim by reason of increase in population or otherwise to need additional centres, but if such claims are received they will receive attention as conditions alter and the staff position improves. In the meantime, the Centres are sited at focal points of population and transport services and are well spaced out through the County.

Summary of statistics for the years 1948-52 is given below:—

	1948	1949	1950	1951	1952
Total attendances:					
under 1 year	11,552	12,669	12,300	13,125	13,289
over 1 year	8,875	9,886	10,170	11,365	11,613
Grand Total	<u>20,427</u>	<u>22,555</u>	<u>22,470</u>	<u>24,490</u>	<u>24,902</u>
No. of individual children who attended:					
under 1 year	1,519	1,862	1,890	1,931	1,914
over 1 year	1,251	1,749	1,901	1,977	1,968
Grand Total	<u>2,773</u>	<u>3,611</u>	<u>3,791</u>	<u>3,908</u>	<u>3,882</u>
No. of children who attended for first time:					
under 1 year	1,002	1,251	1,216	1,303	1,137
over 1 year	333	464	461	428	333
Grand Total	<u>1,335</u>	<u>1,715</u>	<u>1,677</u>	<u>1,731</u>	<u>1,470</u>
No. of medical consultations	5,327	5,717	5,940	6,840	6,888
,, ,, weighings	19,668	21,985	21,781	23,697	24,177

Talks are given by Health Visitors and District Nurse Midwives to expectant and nursing mothers on Health Education, Mothercraft training, etc.

Consultant Services

Arrangements have been made with the Sheffield Regional Hospital Board to provide consultants for specialist clinics at the following Local Health Authority premises:—

Ophthalmic — Grantham and Sleaford (as part of Hospital Ophthalmic Service).
Cases in north of County seen at special clinic for children—now situated in Lincoln County Hospital.

Orthopaedic — Grantham and Sleaford (County Council supplying physiotherapy staff).

Ear, Nose &
Throat — Grantham and Sleaford.

Rheumatism
& Heart — Grantham, Sleaford and Lincoln.

The only specialist clinics now operating in our premises in the south of the County (i.e., East Anglian Regional Hospital Board's area) are the Ophthalmic clinics at Stamford and Bourne; cases seen at these clinics continue to be dealt with as necessary under the Supplementary Ophthalmic Services arrangements.

Particulars of pre-school children seen under the above arrangements:—

	1948	1949	1950	1951	1952
Ophthalmic	106	15	78	75	80
Orthopaedic:					
Surgeon's Clinics	134	214	213	156	80
Attendances for treatment by physiotherapist	1,388	1,852	1,554	1,734	1,650
Diseases of the Ear, Nose and Throat	36	42	19	24	30
Rheumatism and Heart Diseases ...	3	7	3	4	3

Copies of specialists' reports on any children referred by the County Council's medical staff are furnished to the general practitioners concerned.

Care of Premature Infants

Provision is made for the birth weight of all infants to be recorded on birth notification cards. Special visits are made and reported upon by health visitors.

When necessary, in domiciliary confinements, the County Council has available for loan special items of equipment such as oxygen apparatus, draught-proof cot bedding, hot water bottles, electric blanket pad, special clothing, feeding bottles, etc.

When admission to hospital is required, the medical practitioner makes all necessary arrangements.

During 1952 there were 134 premature births assignable to this area of which 97 were known to have survived four weeks. The number born at home was 45, of which 13 were subsequently transferred to hospitals and the remaining 89 babies were born in institutions.

In order to assist the Ministry of Health who are conducting a national enquiry into the incidence and distribution of retrolental

fibroplasia, a survey was recently carried out on all Kesteven premature infants born in 1951 weighing up to 4 lbs. 6 ozs. at birth and surviving two months or more. Some 15 cases were investigated, one of which was found to be suffering from defective vision.

Supply of Dried Milks, etc.

Close co operation is maintained with the Ministry of Food. All Infant Welfare Centres in the County serve as distributing points for welfare foods and vitamin preparations, e.g. Orange Juice and Cod Liver Oil, available under the Government Welfare Foods Scheme and proprietary brands of dried milk and nutrients are also available on the recommendation of the medical staff; in the majority of cases voluntary committees of centres are responsible for purchase and sale of these.

Dental Care

Towards the end of 1948 the Senior Dental Officer for the County resigned his appointment, leaving only one Dental Officer on the staff to cope with the School Dental Service and the new duties under Section 22 of the National Health Service Act. This resulted in a complete breakdown of routine examinations and inspections in the Dental Service and almost all this officer's time had to be devoted to emergency work. In consequence, he was only able to treat a very small number of maternity and child welfare cases.

During the next 12 months there was no material change and in spite of constant advertising to fill the vacant posts, no applications were forthcoming. This state of affairs culminated in the resignation of the remaining Dental Officer and complete cessation of the Service.

Mr. Howarth, the present Senior Dental Officer, was appointed in November, 1951, and although he is the only full-time Dental Officer on the Staff, it has been possible to recommence inspection and treatment of school children upon a limited scale. He has found it impossible, however, to devote more than a small quantity of his time to children under the age of five. In March 1952 a temporary part-time officer was appointed to work for the equivalent of one day per week, but this has not assisted materially in alleviating the position as far as the priority classes are concerned.

Some cases, however, were seen in spite of the adverse staffing conditions, and although there has been no attempt to carry out routine inspections, all children referred have been treated in our Clinics and it has not been necessary to refer any elsewhere.

Details of the work done for Maternity and Child Welfare cases will be found at the end of this report. It should be noted that the only group treated is "children under the age of five." Owing to shortage of dental staff no treatment was carried out by this authority for expectant and nursing mothers; this section of

treatment is covered by the general practitioner service under the National Health Service arrangements, the mothers being referred by their regular medical attendants to the dental surgeons in the area where they reside.

(a) Number provided with dental care:—

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	—	—	—	—
Children under five	55	52	52	36

(b) Forms of dental treatment required:—

	Extractions	Anaesthetics		Fillings	Sealings or Sealings and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers ...	—	—	—	—	—	—	—	—	—	—
Children under five	36	—	27	18	2	33	42	—	—	—

Day Nursery

One day nursery is provided by the County Council, namely that at St. Catherine's Road, Grantham. At this nursery there is provision for 40 children (15 for children under 2 years and 25 for those from 2—5 years).

Priority of admission is granted in the following cases:—

- (1) Where a mother is the sole wage earner,
- (2) Where there is sickness in the family or where there are home conditions which are likely to prejudice severely the health of the children, and
- (3) In exceptional circumstances where it appears that admission is necessary in the interests of the child.

Following the receipt of Ministry of Health circular 22/52, the County Council decided to increase its maximum charges for day nursery accommodation in order to bring them into line with actual running costs.

The following table shows the rates of attendance, etc. during 1952:—

	No. of children on register		Average daily attendance		No. of Mothers whose children were on register	
	Under 2 years	Over 2 years	Under 2 years	Over 2 years	In whole-time employment	In part-time employment
January ...	15	28	8	18	40	—
February ...	15	30	10	22	40	1
March ...	15	29	11	22	40	—
April ...	15	29	11	21	41	—
May ...	15	29	11	25	42	—
June ...	15	31	13	25	42	—
July ...	17	30	11	25	43	—
August ...	17	31	9	22	44	—
September ...	17	31	12	26	41	—
October ...	15	23	11	23	39	1
November ...	16	29	11	24	41	—
December ...	16	29	10	21	40	1
	188	349	128	274	493	3
Average for Year	16	29	11	23	41	—

Nurseries and Child Minders Regulation Act, 1948

The provisions of this Act have from time to time been publicised in the local press.

No premises or daily minders have as yet been registered in this County.

Institutional Provision for Mothers and Young Children

The following maternity cases have been investigated by the health visiting staff under the scheme mentioned previously in this report and recommended for institutional accommodation on social grounds:—

Half year ended 30/12/1948	164
1949	474
1950	423
1951	472
1952	383

When children are seen by consultants at the various County Council clinics and recommended for hospital in-patient treatment, the necessary arrangements are made by the Public Health Department. Since 1948, the following numbers of pre-school children have been dealt with in this way:— 1948 ... 41, 1949 ... 30, 1950 ... 27, 1951 ... 24, 1952 ... 29.

HEALTH VISITING

The original establishment when the National Health Service Act came into force was eleven whole time Health Visitor/School Nurses and twenty two District Nurse/Midwives, each devoting part of her time to health visiting and school nursing.

Since then two variations were made, viz. in 1951, when a whole time School Nurse's post became vacant and was changed to a combined Health Visitor/School Nurse's post, and early in 1952 when an additional Health Visitor/School Nurse's appointment was approved for North Kesteven Rural District, owing to substantial growth of population in that area.

The health visiting staff are under the supervision of the County Nursing Superintendent who is a qualified Health Visitor.

All members of the health visiting staff have included in their duties the visiting of tuberculous cases and cases of illness generally.

With regard to training and qualifications, all the whole time Health Visitors either hold the Health Visitor's Certificate or rank as qualified Health Visitors by virtue of experience.

None of the District Nurse/Midwives at present employed on part-time health visiting duties holds the Health Visitor's Certificate, all being employed in this capacity under dispensations granted by the Ministry of Health.

Candidates for the post of Health Visitor are, from time to time, trained for the Health Visitor's Certificate under arrangements made by the County Council with a view to their filling vacancies on the Council's staff. In this connection, three have been trained during the past three years—in each case entering into an agreement to serve the Council for at least two years.

It has been the policy of the County Council to send one or two Health Visitors to revision courses every year according to circumstances.

During the greater part of 1952, the number of whole-time Health Visitors employed was ten. One of three vacancies was filled in October by a candidate trained under the Council's arrangements, but the other two continue to remain unfilled, in spite of repeated advertisement. Similar difficulty has been experienced in the case of part-time health visiting appointments.

Particulars of work undertaken 1948/52:—

	†1948	1949	1950	1951	1952
*First visits to expectant mothers	308	240	292	399	329
*Total visits to expectant mothers	382	299	436	629	535
First visits to children under 1	1,979	2,401	2,661	2,700	2,339
Total visits to children under 1	12,337	14,404	13,582	15,750	13,977
Total visits to children 1—5 ...	15,192	21,203	20,652	24,090	23,074

(*excluding visits by District Nurse Midwife/Health Visitors).

(†excluding work done during first half of year by Grantham Health Visitors).

MIDWIFERY — GENERAL

During 1952 notification of intention to practise was received from 72 midwives, 65 of whom continued to practise at the end of the year. In addition 6 notices of intention to practise were received from persons undertaking maternity nursing only.

Of the 65 midwives referred to above:—

- 40 (including 1 part-time) were domiciliary midwives in the employ of the County Council,
- 2 were domiciliary midwives in private practice,
- 20 were midwives employed by Hospital Management Committees, and 3 were midwives employed in private nursing homes.

The following table shows the number of cases attended by them during the year:—

	Domiciliary Cases		Cases in Institutions		Total	
	As Midwives (1)	As Mater'y Nurses (2)	As Midwives (3)	As Mater'y Nurses (4)	As Midwives (5)	As Mater'y Nurses (6)
(1) Employed by County Council... ..	747	165	—	—	747	165
(2) Employed by Voluntary Organisations ...	—	—	—	—	—	—
(3) Employed by Hospital Management Cmmitt's	—	—	716	66	716	66
(4) In Private Practice ...	25	5	125	*80	150	85
Totals	772	170	841	146	1613	316

* Nursing Home Cases

In addition to the cases recorded against Item (1) above, the County Council's midwives attended 287 institutional cases who were discharged before the fourteenth day after the confinement.

It will be seen from this table that there were 1,929 confinements, of which 942 were conducted at home and 987 in maternity units.

The following table, giving comparative statistics over the period 1945-52, shows that the proportion of cases dealt with in institutions rose abruptly in 1949 and that this trend is still maintained:—

	Domiciliary Cases			Cases in Institutions		
	As Midwives	As Maternity Nurses	Total	As Midwives	As Maternity Nurses	Total
1945	867	451	1318	505	383	888
1946	833	544	1377	439	417	856
1947	991	633	1624	450	405	855
1948	927	506	1433	464	375	839
1949	735	467	1202	700	420	1120
1950	822	291	1113	614	424	1038
1951	784	178	962	786	264	1050
1952	772	170	942	841	146	987

Non medical and general supervision of midwives continued to be undertaken by the County Nursing Superintendent and two assistants, who together made a total of 47 routine inspection visits and 29 special visits for this purpose. The supervising staff dealt with many problems in connection with the staffing of vacant districts. In some instances districts were without a regular District Nurse-Midwife for many consecutive months, and it was again necessary for the assistant supervisory staff to undertake routine district work from time to time.

The number of cases in which medical aid was summoned by midwives under Section 14 (i) of the Midwives Act, 1918, totalled 172—167 domiciliary and 5 institutional cases.

Notifications from midwives were also received as follows:—

Stillbirths	...	...	...	...	...	26
Laying-out the dead	...	...	...	...	...	2
Liability to be source of infection	...	...	...	...	...	12
Artificial Feeding	...	...	...	...	...	127
Death of Child	...	...	...	...	...	12

Administration of Analgesia:

There were at the end of the year 54 midwives practising in the County who were qualified to administer gas and air. Thirty-nine of these were members of the County Council staff and 15 were employed by Hospital Management Committees.

DOMICILIARY MIDWIFERY AND HOME NURSING

Since all nurses employed by the Council undertake both these duties, they may be conveniently considered together under one heading.

Prior to the coming into force of the National Health Service Act on 5th July, 1948, the domiciliary midwifery and nursing service had been provided by agreement through the Lincolnshire Nursing Association. Since 1936 the County Council has been responsible under the Midwives Act of that year for the provision of a comprehensive Midwifery Service in Kesteven.

When the County Council as local health authority became directly responsible for the Domiciliary Nursing Service on the 5th July, 1948, it took over all Kesteven nurses formerly employed by the Lincolnshire Association (which closed on the 4th July), but at the same time entered into an agreement with the newly formed Kesteven County Nursing Association to provide certain administrative and supervisory functions in connection with the service. It was thought by this means it might be possible to retain the advantages derived from a voluntary service. It was found, however, that with the advent of a State provided service about half of the former District Nursing Association committees lost interest in this form of voluntary service and closed down, while subsequently most of the remainder have gradually ceased to

function, mainly through lack of responsibility and interest. The present position is, therefore, that for all practical purposes the service is administered entirely from the County Offices, and direct control and supervision has undoubtedly conferred advantages upon it.

The division of the County into 36 nursing districts has remained unaltered—4 of these are urban, 32 rural districts.

In about half of the County, the urban and more populous parts—the midwives undertake midwifery and general nursing only. In the remainder the midwives have combined duties, i.e. midwifery, general nursing, health visiting, tuberculosis visiting and school health visiting work.

The non-medical supervision of the nurse/midwives is carried out by the County Nursing Superintendent and her two Assistants, acting under the general direction of the County Medical Officer who is Medical Supervisor of midwives. Frequent visits of inspection of the midwives' work are made. The County Nursing Superintendent also pays periodical visits of inspection to those midwives not employed by the Council including midwives employed in institutions.

All the Council's domiciliary midwives have now been trained in the use of gas and air analgesia and supplied with Minnitt machines. Bulk supplies of nitrous oxide gas cylinders are delivered at fortnightly intervals to three centrally situated depots in the county, and the midwives call at these depots to leave empty cylinders and obtain further supplies as required. This system has worked well since its introduction two years ago. The future trend of analgesia in childbirth cannot be judged at this stage, but it has been noted that increasing use is being made of Pethedine.

Ante-natal supervision and co-operation of midwives with medical practitioners has been referred to in the Section dealing with Care of Expectant and Nursing Mothers. Revision courses for midwives are approved by the Council, and an endeavour is made to send two to four selected midwives to short approved courses each year, staffing conditions permitting. A County Branch of the College of Midwives has been formed and is well attended. No members of the staff are sent on courses for district nursing only, but local courses of instruction in such subjects as Health Education and other aspects of their work have been held and well attended.

There are no arrangements for training pupil midwives or for district nurse training, as the size of the area does not warrant such.

It has not been found practicable to institute a night service of home nursing.

For many years past it has often proved impossible to fill vacancies in certain districts on account of lack of accommodation for Nurses, and the Council realised that the only way to rectify

this state of affairs was to build houses for them. Therefore, early in 1949 the County Council decided as a matter of urgency to proceed with a limited programme to erect three houses. After some time it became apparent that inevitably there would be considerable delay between the decision to build and the completion of a house, and it therefore became necessary to consider the matter on a wider basis throughout the County..

Accordingly, a complete survey was made in 1951 of housing for nurses, from which it became obvious that in the course of the next few years, as present staff retired, it would be necessary to provide houses in some 17 additional districts. The Council decided that this programme of building should extend over three years, commencing in the financial year 1952/53.

The position at the end of 1952 may be briefly summarised as follows. Of the original programme, sites had been obtained for all three houses, but only one house was in the course of erection, while as regards the second programme, sites had been secured in 5 districts and negotiations were in progress for a further 4, but no building had commenced.

Staffing problems still remain acute. The year 1952 began and ended with a staff of 39, this number being 10 short of the establishment. Two vacancies were filled during the year, i.e. those at Corby and Rippingale, but in December the two nurses at Sleaford left. In its endeavour to obtain staff the Authority is doing its utmost to ensure that the amenities offered in the way of accommodation, transport, etc. are as good as ever can be. For this reason we are anxious to press on with the housing programme referred to above.

With regard to transport, all districts are provided with cars, the bulk of which are post-war models. The few remaining pre-war models have been overhauled and re-conditioned to make them as reliable as possible; three of these are due for replacement by new vehicles, delivery of which is anticipated in 1953.

Summary of work undertaken by County Council's Domiciliary Midwives:—

<i>As Midwives:</i>	1948	1949	1950	1951	1952
(i) No. of cases attended ...	901	724	811	753	747
(ii) No. of ante-natal visits ...	8,254	7,708	8,131	7,839	8,207
(iii) No. of other visits ...	14,337	12,313	14,974	14,308	13,607
(iv) No. of cases to whom Gas and Air was administered	67	98	145	334	408
(v) No. of cases to whom Pethedine was administered	—	—	—	172	32
<i>As Maternity Nurses:</i>					
(i) No. of cases attended ...	184	446	278	172	165
(ii) No. of visits paid ...	9,025	17,528	5,728	4,138	4,512
(iii) No. of cases to whom Gas and Air was administered	31	31	85	73	87
(iv) No. of cases to whom Pethedine was administered	—	—	—	32	8

HOME NURSING:

The Home Nursing Service in Kesteven is combined with the Midwifery Service, and, within population limits, with Health Visiting. The rural nursing areas are for the most part widely scattered. All cases are nursed under direct medical supervision and co-operation between the nurses and the general practitioners is good.

Periodic visits are made to nurses by the Superintendent or her two Assistant Superintendent Nurses, for the purpose of inspecting records, equipment, etc. and for giving advice and discussing problems affecting the work. The hospital authorities can make direct calls upon home nurses for emergency work; otherwise liaison is maintained through the Public Health Department and through the general practitioners in charge of cases.

The main types of cases nursed are:—acute sick, minor surgical and post-operative dressings, gynaecological, chronic sick and the old and infirm. The proportion of acute and chronic cases is approximately equal. Owing to staff shortages no night service is arranged.

Summary of work undertaken by Home Nurses:—

	1948	1949	1950	1951	1952
(i) Cases attended:—					
Medical		1,630	1,812	1,841	1,755
Surgical	12,604	975	1,110	1,074	1,160
(ii) No. of visits	36,793	37,380	42,021	45,086	47,419
(iii) No. of visits to minor cases	?	12,963	12,511	11,413	10,894
(iv) Minor operations attended	?	102	71	61	42

VACCINATION AND IMMUNISATION

No significant alterations have been made in the scheme since its inception in July 1948. It provides for the bulk of the work to be undertaken by general practitioners and, since the national settlement of fees for the submission of records was reached at the end of 1949, has worked satisfactorily. In addition immunisation clinics are held by Assistant County Medical Officers at Grantham and Stamford.

“Boosting” injections of diphtheria prophylactic are given by general practitioners and Assistant County Medical Officers under the arrangements referred to above.

The main responsibility for securing the vaccination and immunisation of the child population rests with the Health Visitors who take every opportunity, during their home visits and at Infant Welfare Centres, to bring home to mothers the possible results of neglect in this matter. Leaflets are supplied to Health Visitors to assist them in their work and this subject is one of those dealt with in health education talks given by medical and nursing staff.

When a child becomes due for first routine school medical examination, i.e. shortly after entry to school, the parents are

asked to complete a questionnaire, giving brief details of the child's medical history, etc. Part of the questionnaire is devoted to diphtheria immunisation with provision for the parents to indicate if immunisation or a "booster" dose—if not already given—is desired. When such indication is received a follow-up letter is sent, explaining what action the parents should take to have their child treated. It is worth noting that in 1951 and 1952 for the first time no notifications of a case of diphtheria were received within the County. The success of the Anti-Diphtheria Immunisation Campaign must, however, at present be regarded as temporary and local: for it will still be possible for this dangerous disease to be introduced into the County from outside its boundaries. Therefore the Public should not be lulled into a false sense of security: it will still be necessary to continue the immunisation campaign against diphtheria in order to keep a high proportion of the child population immunised.

There is at present, pending the issue of a reliable vaccine, no provision in our scheme for immunisation against whooping cough.

Statistical Information:—

Vaccination

Period	Vaccinations					Re-Vaccinations				
	Under 1	1—4	5—14	15 or over	Total	Under 1	1—4	5—14	15 or over	Total
$\frac{1}{2}$ yr. ended 31/12/48	150	10	10	16	186	—	1	3	29	33
Year ended 1949 ...	225	180	26	47	478	—	6	21	117	144
Year ended 1950 ...	200	295	64	87	646	—	9	7	138	154
Year ended 1951 ...	206	273	38	133	650	—	7	14	243	264
Year ended 1952 ...	403	80	37	86	606	—	8	18	163	189

Diphtheria Immunisation

Period	No. of children under 5	No. of children 5—14	Total No. of children under 15	Re-inforcing injections
$\frac{1}{2}$ yr. ended 31/12/48	718	31	752	72
Year ended 1949 ...	1,668	155	1,823	653
" " 1950† ...	893	110	1,003	540
" " 1951 ...	1,366	122	1,488	836
" " 1952 ...	1,196	111	1,307	640

†Immunisation suspended for approximately 4 months owing to Acute Poliomyelitis epidemic.

Immunisation state of child population at dates stated:—

	Under 5	Pro- por- tion	Aged 5—11	Pro- por- tion	Total under 15	Pro- por- tion
31st Dec. 1948	5,761	51%	10,051	61%	15,812	58%
.. .. 1949	5,939	51%	11,455	68%	17,394	63%
.. .. 1950	5,190	47%	12,957	75%	18,147	64%
.. .. 1951	4,711	41%	11,445	78%	19,186	61%
.. .. 1952	4,479	40%	15,579	80%	20,058	63%

AMBULANCE SERVICE

I. General Organisation:

The Ambulance Service has continued to operate satisfactorily during the period under review. An adequate service of modern ambulances and sitting-case cars is provided throughout the Administrative County area.

Control of ambulance transport facilities is maintained and there has been no evidence of misuse of the service. In this connection full co-operation of general practitioners, medical staff of hospitals and other persons qualified to summon an ambulance is necessary and it is gratifying to be able to report that a high degree of such co-operation exists in Kesteven. Notwithstanding this co-operation, the trend of demands on the service in the Administrative County has continued to increase as shown by the following summary:—

	July-Dec. 1948	1949	1950	1951	1952
Mileage ...	73,844	272,743	334,740	364,737	356,449
Journeys ...	2,616	10,306	12,183	12,467	12,559
Patients ...	2,895	12,627	17,112	20,919	28,847

In order to ensure proper and economical use of the service in Kesteven, the need for an ambulance vehicle to be supplied for a non-urgent out-patient's initial visit to a hospital is usually certified (on medical grounds only) by a medical practitioner. Requests for a vehicle for subsequent routine visits are, as a general rule, certified by a responsible hospital officer. These cases are subject to review by the medical staff of the hospital. A non-urgent case for in-patient treatment can travel by ambulance vehicle provided the doctor in charge of the case has certified the need for such transport on medical grounds. In the case of a patient being discharged from hospital, the request for an ambulance vehicle has to be duly authorised by a responsible officer at the hospital concerned.

It cannot be claimed that these arrangements have actually resulted in reducing the number of calls, but it is considered that the patients conveyed by the ambulance service are genuinely in need of such transport. The general need for ambulance transport is kept under constant review between the Ambulance Officer and those authorised to call out ambulance transport. It is worthy of

note that in our ambulance arrangements a low rate of cost per vehicle mile has been achieved.

2. Ambulances:

One ambulance of obsolete type (mechanically unsound and generally unserviceable) was replaced during 1952 by a new Bedford 28 h.p. Spurling short-wheelbase ambulance.

The ambulance fleet owned by the County Council consists of the following ten vehicles:—

Bedford 28 h.p. Spurlings (Short-wheelbase)	...	8
ditto (Long-wheelbase)	...	2
The ambulances operate from the undermentioned centres:—		
Grantham	... ..	4
Sleaford	... ..	3
Bourne	... ..	2
Bourne Isolation Hospital	... ..	1

The advantages which accrue from the standardisation of the ambulance fleet include increased efficiency of the personnel who have familiarised themselves with the technicalities of the Bedford Spurling ambulances operated by the County Council. It has also secured easier interchange of equipment, etc., easier servicing and general maintenance work.

3. Sitting-Case Vehicles:

During 1952, one new vehicle was delivered—a Bedford Martin Walter "Utilecon"—in replacement of a Vauxhall Wyvern saloon car which was disposed of in August. The County Council provides a total of five sitting-case vehicles, four of which are of the Bedford "Utilecon" type plus one Vauxhall 12 h.p. saloon car. In addition, there are four owner-drivers of private motor cars who are available on call and are paid the standard rate of 6d. per mile.

These vehicles operate from the following centres:—

Centre	K.C.C. Cars	Owner-drivers	Totals
Grantham	... 2	1	3
Sleaford	... 2	2	4
Bourne	... 1	1	2
	—	—	—
TOTALS	... 5	4	9
	—	—	—

4. Garaging and Servicing:

The Ambulance Stations located at each of the centres—Grantham, Sleaford and Bourne—provide satisfactory facilities.

Servicing and maintenance of ambulance and sitting-case vehicles operated by the County Council receive priority by the commercial garages which are adjacent or near to the Ambulance Stations.

5. Personnel:

(a) *Whole-time Drivers*.—No change has been made in the total number of drivers, six being employed as follows: Grantham 3, Sleaford 2 and Bourne 1.

(b) *Part-time Drivers*. — Seven part time retained drivers—Grantham 3, Sleaford 3 and Bourne 1—continue to be employed to supplement the above. Additional part time drivers are supplied when required by the commercial garages in each of the towns where vehicles are based. The services of a driver from the Bourne Isolation Hospital are available for the removal of infections and tuberculosis cases in Bourne and the southern area of the County.

(c) *Attendants*.—The voluntary attendants have continued to carry out their duties in a most efficient manner. Members of the three organisations referred to below are available on a rota basis:—

CENTRE		ORGANISATION
Grantham	...	British Red Cross Society.
Sleaford	...	St. John Ambulance Association and Sleaford and District Voluntary First- Aid Ambulance Unit.
Bourne	...	British Red Cross Society and St. John Ambulance Association

6. Training:

As is customary, a large percentage of ambulance drivers and attendants have undertaken revisionary courses in First Aid arranged under the auspices of the Voluntary Aid Societies. It is reported that the examination results were satisfactory.

Ambulance personnel have also attended demonstrations given at Grantham and Sleaford by members of the Royal Canadian Air Force from North Luffenham, on the method of releasing personnel from the ejector seats of crashed jet-propelled aircraft.

The personnel are familiar with the procedure for the disinfection and disinfestation of vehicles and equipment.

7. Personal Equipment Issue:

Issues of personal equipment to the operational staff are made as follows:—

WHOLE-TIME DRIVERS	PART-TIME DRIVERS
Complete uniform suit	Greatcoat
Greatcoat	Two dustcoats
Hat and badge	Hat and badge

Also, dustcoats are provided on a station basis for the use of whole-time drivers when carrying out maintenance work.

8. Equipment:

The schedule of Medical and First Aid equipment provided for the ambulance service fully complies with the recommenda-

tions made by the Ministry of Health. In addition, five sets of 'Lucas' bellows apparatus are available; these proved satisfactory in removal to hospital of poliomyelitis cases suffering from respiratory embarrassment during the epidemic in 1950.

9. Agency Services:

In order to obtain the most economical and efficient use of the ambulance services in all areas of the Administrative County, satisfactory co-operation is maintained between the County ambulance organisation and the Agency Services centred at Stamford and Lincoln respectively.

A. Stamford area—The ambulance and sitting-case car services provided by the St. John Ambulance Brigade and British Red Cross Society respectively have functioned satisfactorily. There is a total of four vehicles owned and operated by the two organisations concerned, i.e.:—

St. John Ambulance Brigade:	3 Ambulances.
British Red Cross Society	1 Sitting-case car. (supplemented as required by privately owned cars which operate at the rate of 6d. mile).

B. North Kesteven (and part of East Kesteven)—The Lincoln City Ambulance Service operates in this part of the County and these facilities have proved satisfactory.

10. Service Statistics for the Year ended 31st December, 1952:

A. Direct Service provided by County Council:

Depot	Ambulances			Sitting-Case Cars			Totals		
	Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients
Grantham	35,176	1,876	2,777	47,396	2,972	4,992	82,572	4,848	7,769
Sleaford	59,030	1,097	6,245	50,715	912	3,226	109,745	2,009	9,471
Bourne	21,806	647	1,512	26,052	517	1,326	47,858	1,164	2,838
Totals	116,012	3,620	10,534	124,163	4,401	9,544	240,175	8,021	20,078

Average Journey: 29.94 miles.

B. STAMFORD.—Agency Services provided on behalf of the County Council by the St. John Ambulance Brigade (Ambulances) and the British Red Cross Society (Sitting-case cars), operating from Stamford:

AMBULANCES			SITTING-CASE CARS			TOTALS		
Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients	Mile-ages	Journeys	Patients
8835	507	613	36413	1129	2644	45248	1636	2257

Average Journey: 27.65 miles.

C. NORTH KESTEVEN (and part of East Kesteven)—Agency Service provided by the Lincoln Corporation:

The following statistics relating to Kesteven patients carried by vehicles of the Lincoln Ambulance Service under the Joint Scheme have been provided by the Lincoln Corporation Health Department:

AMBULANCES			SITTING-CASE CARS			TOTALS		
Mile-ages	Journeys	Pati-ents	Mile-ages	Journeys	Pati-ents	Mile-ages	Journeys	Pati-ents
29899	1209	2836	41127	1693	2676	71026	2902	5512

Average Journey: 24.47 miles.

D. Summary for the whole of the administrative county.

AMBULANCES			SITTING-CASE CARS			TOTALS		
Mile-ages	Journeys	Pati-ents	Mile-ages	Journeys	Pati-ents	Mile-ages	Journeys	Pati-ents
154746	5336	13983	201703	7223	14864	356449	12559	28847

Average Journey: 28.38 miles.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis:

Co-ordination of diagnostic, treatment and preventive services is effected by the joint appointment of Chest Physicians by the Sheffield and East Anglian Regional Hospital Boards and the County Council and the attendance of Health Visitors (Tuberculosis Visitors) at Chest Clinics. There is interchange of information between the Public Health Department and Chest Physicians as follows:—

The Public Health Department supplies:—

- information regarding inward and outward transfers and deaths,
- copies of Health Visitors' environmental reports and details of contacts.

The Chest Physicians forward:—

- recommendations re provision of extra milk and shelters, and any other care or after-care measures,
- details of cases dealt with under B.C.G. Vaccination arrangements,
- weekly returns of cases diagnosed with initial recommendations as to treatment,
- information re admissions to and discharges from sanatoria,
- details of cases lost sight of or removed from register owing to recovery, death, etc.,
- copy reports on all pre-school and school children examined.

The Health Visitors advise the patients on home precautions, make arrangements for contacts to attend the Chest Clinic and complete environmental reports.

These reports are returned to the County Health Department and copies sent to the Chest Physician and the District Medical Officer of Health. The Chest Physician arranges for the contacts to be notified to attend the Chest Clinic and if there are any difficulties, the County Medical Officer of Health is notified and the T.B. Visitor again visits the home and discusses further arrangements for attending the Chest Clinic. This liaison with the Chest Physician is designed to ensure that all the contacts attend a Chest Clinic for examination.

The environmental form that is sent to the District Medical Officer of Health keeps him informed of the environmental conditions of T.B. patients living in his area and draws his attention to those T.B. patients in need of re-housing. Full co-operation is maintained between the Local Health Authority and the Local Housing Authority in connection with the re-housing of T.B. patients.

Co-operation is maintained with the Chest Physicians by periodic meetings with members of the Health staff and the attendance of the T.B. Visitors at the Chest Clinics. These meetings help to maintain the close liaison that is necessary in dealing with the T.B. patient and help to settle problems relating to care and after-care. The T.B. Visitors are interested in the clinical conditions of the patients they visit and these meetings make for more friendly co-operation all round.

The County Almoner, when on the staff, regularly attended the Chest Clinics and carried out domiciliary visits to assist with social problems, etc.

A Conference was held in October, 1952 between the Chest Physician of the Sheffield Regional Hospital Board, District Medical Officers of Health, County Health Department staff, Secretary of Mass X-ray Unit, Disablement Rehabilitation Officers of Ministry of Labour and National Assistance Board representative to consider each others' responsibilities and ways and means of improving co-operation.

Open Air Shelters:

A number of modern T.B. shelters are provided by the County Council and arrangements are made for their loan on the recommendation of the Chest Physician.

Home Helps:

The Home Help Organiser arranges for Home Helps to attend T.B. households when necessary. The usual precautions are taken about spread of infection.

B.C.G. Vaccination:

This scheme was approved and adopted early in 1951. Only "Mantoux" negative children of known cases of T.B. are dealt with. 35 cases were vaccinated in 1951 and 33 in 1952.

Mass Radiography:

Units which serve Kesteven operate from Lincoln and Cambridge. Owing to many commitments their visits are at present somewhat infrequent. Up to the end of 1952, 5 surveys had been carried out in the area, viz.: at Grantham and Bracebridge Heath Mental Hospital early in 1951 and Rauceby Mental Hospital, Harmston Mental Deficiency Institution and Sleaford in 1952.

Advantage is taken of the Units' visits to submit school "leavers," teachers, school canteen workers, nursery staffs, home helps and others of the Council's staff, working in close association with children, for X-ray examination.

In addition a survey was carried out at Peterborough in mid-1952 when a number of teachers and other members of the staff in the south of the County were examined. Peterborough is not so convenient a venue as Stamford as far as South Kesteven is concerned in view of travelling difficulties, etc. It is hoped to arrange a visit of the Cambridge Unit to Stamford but suitable accommodation has proved difficult to find.

Medical examination of entrants to teachers' training colleges and entrants to teaching profession (other than those from training colleges) is now being undertaken by the Council's medical staff in accordance with the requirements of Ministry of Education's Circular 249 of March, 1952. X-ray examination in cases of entry to the teaching profession will become compulsory from 1st April, 1953 and these will be arranged, where possible, through Mass Radiography facilities; otherwise they will be arranged through the local hospitals, in which case fees are payable by the County Council to the Hospital Management Committee.

In addition to these arrangements, the recommendations of Ministry of Education Circular 248 of March, 1952 re measures to be taken for the protection of school children against Tuberculosis (i.e. periodic X-ray examination of teaching staffs, etc.) are being implemented as far as existing resources for mass X-ray examination allow.

General:

	1948	1949	1950	1951	1952
Visits to T.B. patients by H.Vs. ...	1,210	1,222	1,310	1,113	1,157
Shelters on loan	8	7	6	7	8
No. of cases supplied with free milk	11	3	6	13	18
No. of cases in Village Settlement (Papworth) for whom the C.C. have accepted responsibility ...	—	—	—	1	2
No. of cases supplied with Home Helps	—	2	8	10	5

Mental Illness and Mental Deficiency:

Reference to the community care work undertaken among persons suffering from mental illness or defectiveness appears in the section headed "Mental Health Services."

Illness generally:

Follow-up of cases referred by hospitals, general practitioners and other agencies is arranged as necessary.

Admission of cases to recuperative holiday homes: 1948—nil, 1949—3, 1950—1, 1951—6, 1952—1. It may sometimes be difficult to determine whether a case should be admitted under Regional Hospital Board's arrangements (i.e. when in need of continued treatment) or under Local Health Authority's arrangements—in the former case free of cost, in the latter at an assessed rate. Naturally from the patient's point of view convalescent home treatment provided free of charge is the more attractive.

Medical loan equipment is available from:—

- (a) Nurses loan cupboards (smaller items) now adequately stocked, and
- (b) Medical loan depots (for larger items), provided under subsidy from the Local Health Authority, at Grantham, Stamford and Sleaford. These agency arrangements came into operation on 1st October, 1949.

				Issues made		Cases who have benefited
1949 (part)	...	...	...	178	...	125
1950	...	...	...	753	...	455
1951	...	...	...	661	...	454
1952	...	...	...	635	...	403

Health Education:

The Health Visitors continue to play an important part in providing Health Education for mothers and young children. In this area the work has been considerably increased owing to the increase in the number of married quarters at new R.A.F. Stations. In these Stations there are a number of European women married to R.A.F. personnel and it takes considerable time for the Health Visitors to explain and impart information to these women whose knowledge of the English language is not always very good.

The County Council's Health staff give talks on various aspects of Health Education to Infant Welfare Centres, Youth Clubs and to various organisations, Women's Institutes, Trade Union Branches, Parents' Associations and Voluntary Detachments. These talks provoke discussion on Health Education and fulfil a very useful purpose. Practical courses on Food Hygiene have been arranged from time to time in association with the Education Department and these have been well attended by School Canteen Staffs.

In this County, which is mainly rural, considerable attention is given by the Health Department to health problems in connection with rural communities. The County Medical Officer of Health is a member of the Milk Sub Committee of the County Agricultural Executive Committee and meets dairy men and those interested in the production of clean milk; his advice is not infrequently sought by those interested in this aspect of the agricultural industry.

An annual contribution is made to the Central Council for Health Education from whom publicity material, etc. is obtained. A one day course entitled "Possibilities in Health Education" was organised by the Central Council for Health Education in conjunction with the County Health Department and held at Grantham in March, 1952 for the benefit of the health visiting staff. Some 25 members attended.

Leaflets or posters as required are obtained for use in the area. A special booklet entitled "Advice to Mothers and Fathers" is on sale at cost price at Infant Welfare Centres.

DOMESTIC HELP

The Home Help Organiser reports as follows:—

"At the inception of the National Health Service Act the County Council made provision in their Scheme for the continuation of the Domestic Help Service started in Grantham in December, 1946.

"The Service in Grantham continued to grow steadily and the County Council prepared to extend the service to the remainder of the County in the various centres of population — Sleaford, Stamford, Bourne and Lincoln (to cover the northern part of the County).

"In these centres agency arrangements were made with the W.V.S. to provide part-time organising and clerical staff; local organisers to provide their services voluntarily and the clerical staffs to be remunerated direct by the W.V.S. who would be recompensed on an annual block grant basis for services undertaken on behalf of the County Council.

"The full scheme came into operation on 1st October, 1949 each office being open for enquiries for three half-days each week.

"At the outset there were two main difficulties—the recruitment of suitable helps and the effect of the assessment scale. With regard to the recruitment of helps the posts were made more attractive by the improvement of the terms of service—payment of travelling time and travelling expenses, cycle allowances and compensation in cases where help was subsequently cancelled and alternative employment could not be found. Further difficulty was encountered on account of the feeling of insecurity amongst the helps and the lack of a guaranteed wage. The next step was the Council's decision agreeing that up to 14 women could be employed on the basis of a guaranteed week of 15 hours, with the proviso that this number could, if necessary, be extended to 20.

"The hourly rate of pay was increased from 1/6³d. to 1/9d. per hour.

"With regard to assessment it was found that owing to the high cost of living, several deserving cases were debarred from applying for help on account of their being unable to afford the cost, especially where the case was a long-term one, and to over-

come this difficulty the scale was modified by an increase in the Personal allowance scale to bring it into line with the National Assistance Board rates, and an amendment in the long-term assessment rate to provide additional relief. In maternity cases provision was made in the scale for the recovery of part of the National Insurance benefit.

"In April 1950 the Deputy County Medical Officer of Health addressed a meeting of the Grantham home helps on the subject of general hygiene in the home, particularly stressing the need for precaution when helps are employed in households where there is the presence of tuberculosis or other infectious illnesses.

"In May 1950 a meeting of the organisers and clerical assistants was held and an address given by a Home Help Specialist from W.V.S. Headquarters.

"By 1951 the service was becoming well established. There was a steady increase of persons applying for help and also more people were coming forward to register as helps. Each office was able to help practically every applicant, but the main difficulty still remained in the fact that regular employment could not always be offered to the personnel available, whereas regular work in local domestic establishments and on the land was obtainable near at hand.

"In July 1951 a meeting of organisers, clerical assistants, and Headquarters staff was held at Sleaford, and a general discussion of the Service as a whole proved to be of benefit, particular stress being laid upon the need for an effective service for tubercular patients, and the development of the work in rural areas. Local problems were discussed, also the financial aspect of the Service.

"There is still difficulty in being able to supply help where patients reside some considerable distance from bus routes, together with the infrequency and inconvenience of some of the bus services.

"The majority of cases assisted are aged and infirm, and in this direction the service fills a great need. In many cases the patients are provided for in their own homes for longer periods than would be possible without the care of a Home Help. This is an economical way of caring for old people for whom much more institutional accommodation would otherwise be required.

"Satisfactory liaison exists between the Service and the Hospitals in the County area—the staffs calling upon the Organisers for help for patients being discharged to their homes. The general practitioners and district nurses are also using the service more. Medical practitioners are most co-operative should any difficulty arise in regard to their patients and when approached by the Organisers readily give their assistance and opinion. Similar co-operation exists in the service with the Health Visitors, District Welfare Officers and officers of the National Assistance Board.

The following table indicates the progress of the service:—

Year	Cases assisted				No. of helps employed at end of the year (all part-time)	Total hours worked by Helps
	Maternity	T.B.	Others	Total		
1948	20	—	43	63	17	5,217
1949	35	2	53	90	27	9,156
1950	37	8	136	181	37	20,442
1951	45	10	182	237	48	37,013
1952	43	5	258	306	89	48,009

“Overalls are provided for the helps; no facilities are at present offered for their training.

“The Service has made steady progress in 1952. A reasonable amount of help can be assured in every case referred to the Grantham district and attention can also be given to cases applying from the immediate rural areas.

“The service in Stamford, Sleaford, Bourne and North Kesteven continues to make headway. Progress is again particularly marked in the Sleaford district this year. In Stamford the Home Help Service has become more firmly established. That in Bourne has also made progress, but is still faced with difficulty in obtaining suitable personnel on account of the amount of land work available in this area and the high hourly rate offered in private houses.

“North Kesteven has suffered on account of the neighbouring service in Lincoln paying a higher hourly rate to their helps; also in most cases in this rural district a long journey is involved.

“In January a meeting of all Organisers and clerical assistants, together with representatives from W.V.S. Regional Headquarters and the County Offices—was held at Grantham and the Service as a whole was discussed and local problems gone into. The County Medical Officer of Health was present and gave a most informative address, showing the importance of the service in relation to the County Council's set up under the National Health Service Act. The meeting proved to be most helpful and instructive.

“The following table shows the work carried out during the year:—

Area	Cases assisted				Number of helps employed at 31/12/52 (all part-time)	Total Hours worked by Helps
	Maternity	T.B.	Others	Total		
Grantham ...	7	3	128	138	48	21,866
Sleaford ...	8	—	42	50	15	9,614
North Kesteven	14	—	33	47	8	5,357
Stamford ...	8	1	37	46	10	5,919
Bourne	6	1	18	25	8	5,253
Totals	43	5	258	306	89	48,009

"It is noteworthy that a marked degree of appreciation has been expressed both to the Organisers of each district and to the helps by those assisted. This is especially noticeable in many cases of aged and infirm, particularly those who would otherwise have to enter an institution if the services of a home help were not available to them.

"In view of the prevailing high cost of living a further increase in the scale of personal allowances—in accordance with the National Assistance Board rates—is to be introduced, with effect from 5th January, 1953. National rates of pay for home helps and conditions of service have now been agreed, and this matter will come before the County Council for consideration early in 1953."

MENTAL HEALTH

1. Administration:

(a) *Mental Health Services Sub-Committee.*

This Committee consists of 10 members — 8 of whom are County Councillors and the remainder co-opted members. It meets at approximately quarterly intervals.

(b) *Staff.*

The County Medical Officer of Health is the chief executive officer and designated officer for providing certificates of mental defects under the Mental Deficiency Acts. Other designated officers are the Deputy County Medical Officer of Health and Dr. R. M. Ross, Assistant County Medical Officer of Health. Dr. L. D. Gardner, whose appointment as a designated officer I referred to in my Annual Report for 1951, left the area towards the end of 1952.

With regard to appointments in the social field, the original intention was to appoint a Psychiatric Social Worker for duties under the Council's Child Guidance Scheme and another jointly with the Rauceby Mental Hospital under the Mental Health Scheme. However, owing to the shortage of these workers, this plan has never materialised. From May, 1949 to March, 1950 the Council had the part time services of a psychiatric social worker from the National Association for Mental Health, but this arrangement ceased with the closure of the latter's regional office at Nottingham in March, 1950.

The County Welfare Officer, Mr. W. E. Vickers, M.B.E., holds the post of Chief Authorised Officer and the four Assistant County Welfare Officers are Duly Authorised Officers for their respective districts. In addition two of the senior administrative officers at headquarters who have had practical experience of the work are available as necessary to act as Duly Authorised Officers.

(c) *Co-ordination.*

Co-operation between officers of the Authority on the one hand and those of the Regional Hospital Boards and Hospital

Management Committees on the other has been satisfactory. The arrangements made to co-ordinate the hospital and local health authority services have been described in my recent Annual Reports and these continue to operate smoothly.

(d) *Delegation of Duties.*

There is no delegation of duties to voluntary societies.

(e) *Training of Mental Health Workers.*

A number of Authorised Officers have attended a comprehensive course of training on mental health at the Sheffield University.

2. Work undertaken in the Community:

(a) *Under Section 28 of the National Health Service Act, 1946—Prevention, Care and After-Care.*

There is no Psychiatric Social Worker or mental health worker at present available for case work. Follow-up visits are made by the Duly Authorised Officers in cases of mental illness and it is part of their duties to undertake statutory and friendly supervision of mental defectives under the provisions of the Mental Deficiency Acts. The advice of the Council's Medical Officers and specialist appointed by the Regional Hospital Board is available in these cases when required.

In accordance with the recommendations of Ministry of Health circular 5/52, the County Council decided to include provision in their scheme for the short-term care of mental defectives in cases of urgency. The scheme was accordingly modified, with the approval of the Minister of Health, as follows:—

“The Local Health Authority will where necessary and practicable by arrangement with private individuals, appropriate hospital authorities or voluntary organisations arrange for short-term accommodation of mental defectives in cases of urgency and where necessary pay for all or part of the maintenance of the defective.”

(b) *Under the Lunacy and Mental Treatment Acts, 1890—1930 by Duly Authorised Officers.*

Details of cases dealt with by the Duly Authorised Officers during the year ended 31st December, 1952, are as follows:—

Patients certified under the Lunacy Acts	...	...	...	43
Patients admitted to mental hospitals under Section 20, Lunacy Act, 1890	...	...	...	36
(Of these, 4 were subsequently certified, 8 were discharged, 23 became voluntary patients and 1 patient died).				
Patients admitted for temporary treatment under Section 5, Mental Treatment Act, 1930	...	...	...	3
Patients from the areas of other Local Health Authorities dealt with at mental hospitals in this area	...	...	...	48

In addition, 75 persons from this Area were admitted to mental hospitals for voluntary treatment during 1952.

(c) *Under the Mental Deficiency Acts, 1913—1938.*

The work done under these Acts is summarised in my Annual Reports for 1948—1951. The following is the corresponding information for 1952:—

- (1) Thirty cases were ascertained during 1952, twenty-two of these being found to be “subject to be dealt with.” Of the thirty ascertained cases, fifteen were reported by the Local Education Authority, eight by other Local Health Authorities, five by the Duly Authorised Officers and two through local hospitals.

Of the cases ascertained during the year, one was admitted to a mental deficiency institution, one to a “place of Safety” and the remainder placed under supervision.

The supervision of mental defectives was undertaken by the Duly Authorised Officers and at 31st December, 1952, there were 133 cases under statutory supervision and 123 cases under friendly supervision. These figures include 2 cases “subject to be dealt with” who are accommodated in residential establishments provided under Part III of the National Assistance Act, 1948, 1 similar case in hospital and 28 cases under friendly supervision who are in hospitals and residential establishments.

- (2) There were no cases under Guardianship during the year.
- (3) There are no Occupation Centres for mental defectives in the area. Two cases have received handicraft instructions in their homes from the Home Teacher for the Blind.

During the year, eight defectives were admitted to mental deficiency institutions, and at 31st December, 1952, there were 36 cases awaiting vacancies. Of these, 24 are considered to be in urgent need of institutional care.

The following table shows the number of mental defectives within the area at the end of the year:—

	Male	Female	Total
(1) in mental deficiency institutions or on licence therefrom	86	85	171
(2) under statutory supervision	75	58	133
(3) under friendly supervision	57	66	123
(4) in mental hospitals	8	13	21
	<u>226</u>	<u>222</u>	<u>448</u>

The following general observations made by the Chief Authorised Officer in relation to changes or trends in the working of the Mental Health services since the appointed day are of interest:—

- (i) the steadily increasing number of patients who are undergoing voluntary treatment at mental hospitals;
- (ii) the gradually decreasing number of cases where certification is necessary to secure treatment;
- (iii) the increasing use made of the services of the Duly Authorised Officers by general practitioners and medical officers of mental hospitals in connection with cases where the Duly Authorised Officers have no statutory responsibility, i.e. with voluntary patients;
- (iv) the ever present difficulty of securing the admission of mental defectives to institutions. Since 1948, the average number of vacancies obtained per year has been seven;
- (v) the increasing use made of the provisions of Section 20 of the Lunacy Act, 1890, by Duly Authorised Officers of other Local Health Authorities and the frequent extension of the period of detention by medical superintendents under Section 21A of that Act result in the Duly Authorised Officers of this Authority being called to Bracebridge and Rauceby Hospitals to deal with patients brought there from other areas. Whilst it is possible to recover the amount of the fees paid to medical practitioners who carry out examination in these cases, no recovery can be made in respect of the Duly Authorised Officers' time and travelling. In 1952, 48 cases were dealt with on behalf of the neighbouring authorities.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Two thousand and sixty-eight cases of infectious diseases were notified to the District Medical Officers of Health during 1952, compared with 2,794 in 1951, 2,465 in 1950, 1,036 in 1949 and 3,384 in 1948.

The Notification Rates per 1,000 total population were as follows:—

							County of Kesteven	England and Wales
Smallpox	...	...	...	...	...	...	0.00	0.00
Typhoid Fever	...	...	...	...	...	...	0.00	0.00
Para-typhoid Fever	...	...	...	...	...	...	0.03	0.02
Scarlet Fever	...	...	...	...	...	...	0.98	1.53
Diphtheria	...	...	...	...	...	...	0.00	0.01
Measles	...	...	...	...	...	...	8.61	8.86
Whooping Cough	...	...	...	...	...	...	4.65	2.61
Acute Pneumonia	...	...	...	...	...	...	0.69	0.72
Erysipelas	...	...	...	...	...	...	0.17	0.14
Acute Poliomyelitis (Paralytic)	...	...	...	...	...	...	0.01	0.06
„ „ (Non-Paralytic)	...	...	...	...	...	...	0.00	0.03

A Table showing the distribution, etc., of the notified cases will be found on page 62 of this Report.

Smallpox. — No cases of this disease were notified in the County; the last occasion upon which Smallpox occurred in Kesteven was in 1931.

Para-typhoid Fever.—Four cases of this disease were notified during the year.

Scarlet Fever.—One hundred and thirty-two cases were recorded, compared with 67 in 1951, and an average of 158 during the years 1945-52. The incidence was evenly distributed throughout the year. There were no fatalities.

Diphtheria.—For the second year on record no case of this dangerous disease was notified. The average number of cases of diphtheria for the quinquennium 1948/52 was 3.

Measles.—There were 1,159 cases of this disease notified to the District Medical Officers of Health during the year and of these 330 occurred in the Borough of Stamford, 237 in the West Kesteven Rural District and 237 in the Borough of Grantham. The following is a summary of the cases notified and the deaths registered during the past ten years:—

Year		Cases		Deaths
1943	...	1,599	...	3
1944	...	44	...	—
1945	...	1,093	...	1
1946	...	111	...	—
1947	...	1,056	...	—
1948	...	2,592	...	—
1949	...	396	...	1
1950	...	1,660	...	1
1951	...	1,640	...	—
1952	...	1,159	...	—

Whooping Cough.—There were 626 cases notified during the year compared with 863 in 1951 and of these 171 or 27% of the total occurred in the East Kesteven Rural District where the disease was chiefly prevalent during the first half of the year.

Pneumonia. — Only Acute Primary and Acute Influenzal Pneumonias are notifiable, and 93 cases coming within these categories were notified during 1952, compared with 161 in 1951 and 93 in 1950. Deaths from all forms of Pneumonia numbered 45—1 less than last year.

Ophthalmia Neonatorum. — One case was notified in the County during the year, but vision was left unimpaired.

Puerperal Pyrexia.—The 15 cases reported during 1952 represent a Notification Rate of 6.99 per thousand total births (live and still) as compared with a National figure of 17.87. The average number of notifications received during the previous 5 years was 8.

Dysentery.—Eleven cases of this disease were notified during the year and of these 10, or 91%, occurred in the North Kesteven Rural District.

Erysipelas.—Twenty-three cases (18 in 1951) were notified in the County during the year, representing a Notification Rate of 0.17 (0.14 for England and Wales) per thousand of the total population.

TUBERCULOSIS

Details of the new cases of Tuberculosis coming to the notice of the County Health Department during the year under review, and of the deaths from this disease are as follows:—

Age Groups	New Notifications (including Supplemental Return)				Deaths			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.	
	M	F	M	F	M	F	M	F
Under 1 year	1	—	—	—	—	—	1	—
1—4 years	2	1	2	—	—	—	—	—
5—14 „	2	1	5	2	—	—	1	—
15—24 „	13	21	4	2	—	2	—	1
25—44 „	27	15	3	1	5	3	—	—
45—64 „	11	9	—	4	9	3	—	1
65—74 „	4	1	—	—	1	—	—	—
75 and over	—	—	—	1	—	—	—	—
TOTALS ...	63	51	14	10	15	8	2	2

Institutional Treatment:

From information received from District Medical Officers of Health and the Chest Physicians of the Sheffield and East Anglian Regional Hospital Boards, a total of 174 individual patients received treatment in institutions during the year compared with 150 in 1951, 108 in 1950, 103 in 1949 and 115 in 1948—154 for respiratory or suspected respiratory tuberculosis and 20 for other forms.

	Respiratory			Non-Resp.			Grand Total
	M	F	Total	M	F	Total	
Creaton Sanatorium	5	2	7	—	—	—	7
Kelling Sanatorium	2	1	3	—	—	—	3
Bourne Isolation Hospital	8	8	16	—	—	—	16
Papworth Sanatorium	5	1	6	—	—	—	6
Braunston Sanatorium	10	52	62	—	—	—	62
County Hospital, Lincoln	2	2	4	1	3	4	8
Harlow Wood Orthopaedic Hospital	—	—	—	6	4	10	10
Boston General Hospital	—	—	—	—	1	1	1
Boston Isolation Hospital	—	4	4	—	—	—	4
Nayland Sanatorium, Colchester	—	3	3	—	—	—	3
Corporation Hospital, Scartho	2	2	4	—	—	—	4
City Sanatorium, Lincoln	25	14	39	3	—	3	42
Osgodby Isolation Hospital	2	—	2	—	—	—	2
No. 4 Polish Hospital, Whitechurch	1	—	1	—	—	—	1
Peterborough Memorial Hospital	—	—	—	—	1	1	1
Bramblewood Sanatorium, Holt	—	3	3	—	—	—	3
Foxby Hill Isolation Hospital	21	—	21	—	—	—	21
Whittington Hospital, Highgate	—	1	1	—	—	—	1
Grantham and Kesteven General Hospital	—	—	—	—	1	1	1
Leicester Isolation Hospital	—	1	1	—	—	—	1
Papworth Hall Colony	3	—	3	—	—	—	3
St. George's Hospital, Stamford	1	—	1	—	—	—	1
Stamford and Rutland General Hospital	1	1	2	—	—	—	2
Newmarket General Hospital	—	2	2	—	—	—	2
	88	97	185	10	10	20	205

NOTE.—Thirty-one respiratory cases were either transferred from one institution to another or re-admitted during the year.

It was not necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, (relating to persons suffering from pulmonary tuberculosis, employed in the milk trade), or under Section 172 of the Public Health Act, 1936 (relating to the compulsory removal to hospital of persons suffering from tuberculosis).

Reference is made to the services provided for the welfare of tuberculosis patients in the Section dealing with the County Council's scheme for the Prevention of Illness, Care and After-Care on Page 35.

Of the 138 new cases notified, 29 (26 respiratory and 3 non-respiratory) were included in the Supplemental Return to the Ministry of Health, 20 being transfers from other areas, and information concerning the other 9 cases was obtained from the Death Returns.

In comparison, there were 139 new cases in 1951, 114 respiratory and 25 non respiratory, 157 in 1950 (131 and 26), 123 in 1949 (101 and 22) and 102 in 1948 (84 and 18).

The 23 deaths from respiratory tuberculosis represent a mortality rate of 0.17 per thousand of the total population—somewhat lower than the average for the previous 5 years.

The 4 deaths from other forms of tuberculosis (bones, joints, glands, etc.), were equivalent to a death rate of 0.03. Comparative information relating to the deaths from tuberculosis during the last decennium is as follows:—

<i>Respiratory Tuberculosis:</i>			<i>Non-Resp. Tuberculosis:</i>		
	No. of Deaths	Death Rate	No. of Deaths	Death Rate	
1943	38	0.33	16	0.14	
1944	36	0.32	7	0.06	
1945	22	0.20	9	0.08	
1946	37	0.33	10	0.09	
1947	42	0.36	10	0.09	
1948	32	0.27	7	0.06	
1949	30	0.25	5	0.04	
1950	26	0.20	5	0.04	
1951	23	0.17	8	0.06	
1952	23	0.17	4	0.03	

VENEREAL DISEASES

There were no alterations in the arrangements for the diagnosis and treatment of persons suffering from venereal diseases as given in my Annual Report for 1949.

The following table, compiled from returns submitted by the Medical Officers of treatment centres, shows the number of Kesteven patients who attended for the first time during 1952:—

	Syphilis	Gonorrhoea	Other Conditions	Total No. of Cases
Nottingham	4	4	14	22
Grantham	6	8	11	23
Lincoln	4	22	36	64
Totals ...	14	34	61	109

INSPECTION AND SUPERVISION OF FOOD

Milk and Dairies:

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949:

One hundred and ninety-three samples of pasteurised milk were taken from the four licensed pasteurising establishments in the County. Twelve samples failed the Methylene Blue test, nine failed the phosphatase test and the remainder were satisfactory.

At the end of the year there were three licensed pasteurising establishments in the County. Messrs. Newton Bros., White House Dairy, Ruskington, surrendered their licence with effect from 11.11.1952.

Tuberculosis in Milk:

Two hundred and seventy-five samples of milk were taken for biological examination involving 275 herds. Thirteen samples, or 4.73%, proved positive to *Tubercle Bacilli* and were reported to the Divisional Veterinary Inspector, Ministry of Agriculture and Fisheries.

I am indebted to Mr. G. A. Moore, Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries, for the following report relating to Tuberculous milk investigations and veterinary examinations of dairy herds:—

“A total of 7 reports of tuberculous milk samples were received from the County Medical Officer of Health during 1952. On veterinary examination of the herds involved, 3 cows were found affected with Tuberculosis of the udder. These were slaughtered under the Order. In the other cases the offending animals had been removed to the knackers before the examination, except in one case when the cow was found in Nottinghamshire and slaughtered under the Order. It will be observed that the number of reports has risen from none in 1951 to 7 in 1952.

“The number of non-designated herds is gradually decreasing. This is, of course, to be expected, owing to the increase of Attested and Tuberculin Tested herds. During the year routine herd inspections were carried out on 17 accredited herds involving 313 cattle and 99 non-designated herds involving 804 cattle.

“The number of Attested and Tuberculin Tested herds are still increasing and at the end of the year the total in Kesteven was 161 Licensed T.T. herds of which 155 were also Attested and 6 Supervised. In these, 13,496 cattle were tested with tuberculin during the year and 111 reactors were disclosed—a percentage of approximately 1.2. The main influx to the Attested Herds Scheme was from beef and rearing herds.”

Milk in Schools Scheme:

During the year all the 175 schools in the County were supplied with liquid milk.

The number and types of individual retailers approved together with schools supplied were as follows:—

12 (8)	Retailers licensed to sell pasteurised milk were supplying	152 (148) schools
3 (6)	Retailers supplying pasteurised milk who are not licensed dealers supplying	4 (7) schools

7 (8) "Tuberculin Tested" producers supplying	15 (15)	schools
1 (1) Retailer supplying "Tuberculin Tested" milk who is not a licensed dealer supplying	2 (2)	schools
2 (2) Producers supplying raw milk to...	2 (2)	schools

(Note figures in brackets relate to 1951)

The above figures show there was a further increase in the number of schools receiving Pasteurised or T.T. milk at the end of the year. All but two schools were receiving these designated supplies.

Diseases of Animals:

The Divisional Veterinary Inspector has kindly supplied the following information:—

Anthrax Order, 1938:

"There were 9 negative and 3 positive cases of Anthrax during 1952. One case was on premises on which the disease seems to appear yearly.

Tuberculosis Order, 1938:

"During the year 1952, 5 cases of Tuberculosis in cattle were reported and 4 animals were slaughtered under the Tuberculosis Order. There has been a considerable decline in the number of cases reported under the Order in the County of Kesteven during the year."

Food and Drugs Act, 1938:

The work in connection with sampling under the Act was carried out by the Weights and Measures Department, and I am indebted to Mr. E. T. Hawley, the Chief Inspector of Weights and Measures for the following information.

"During the year under review, 401 samples were obtained in the Administrative County of Kesteven and the Boroughs of Grantham and Stamford and, as in former years, all the major rural and urban divisions of the County were fairly represented in the final figures.

"The articles sampled are listed at the end of this report. The heavy preponderance of milk samples reflects the guiding principle enunciated in a pamphlet on sampling issued some years ago in which it was suggested that in every 100 samples there should be 65 of milk. In point of fact, the 251 milk samples obtained during the year represent 62.5% of the total number of all samples taken.

"Twenty-six samples of milk plus a further 150 samples of other foods and drugs (176 samples in all) were submitted to the Public Analyst at Nottingham. Eleven of these, or 6.25%, were certified to be adulterated and the action taken in respect of these unsatisfactory samples is set out on page 64 of this Report. It will be noted that in 7 of the 11 cases, the article concerned was milk. Three samples of sausages were found to be deficient in meat and a sample of sugar about which a housewife complained, was found to contain 8% of oatmeal. There was no adverse comment concerning any other food or drug.

"There is no doubt that this is a tribute to the combined efforts of what might be termed the nation's pure food agencies, official and unofficial alike. Among the latter is the housewife, whose overwhelming preference nowadays is for well-known pre-packed foodstuffs. This preference, coupled with the official insistence that labels should be clear and unequivocal makes it extremely difficult for other than bona-fide manufacturers to market commodities through this particular channel. The Preservatives in Food Regulations, which limit the number of foods to which preservatives may be added, the wide range of Orders fixing minimum standards for food in common demand, the improvement in public taste, attributable to social and economic factors, are all agencies by which the food-buying public is protected. Their cumulative effect has also revolutionised the work of the Sampling Officer whose duties, nowadays, more frequently confirm the genuineness of commodities than reveal their deficiencies. Certain foods and a very small percentage of traders are, however, in different categories and it is these categories which yield the small number of unsatisfactory samples each year.

"At the same time, the large number of genuine milk samples tested in the Department's laboratory does provide a useful source of information as to what may be termed the "average" sample, whether of morning's, evening's, or mixed milk. Much has been heard in recent years of the gradual decline in the quality of milk owing, mainly, to the emphasis which has been placed on quantity rather than quality. High-yielding breeds and more efficient methods have combined to produce a larger quantity of less-rich milk, to the dismay of those who have to bear in mind that 3% of butter fat and 8.5% of other solids is still the legal (presumptive) standard for milk in this country. In these circumstances, it is gratifying to know that complaints from places like Birmingham (where it was recently reported that 15% of all "genuine" milk was below standard) are unlikely to be echoed in Kesteven. The County is fortunate in having a considerable number of producers of Channel Island T.T. milk (which has to maintain a minimum of 4% of butter-fat), for this superior product sets a good example in areas in which it is sold by creating a demand for a better quality milk. On the whole, the Kesteven dairy farmer remains loyal to his own county breed, the Lincoln Red, in face of the rising popularity of more bountiful aliens, a fact which may account for the above-average figures."

List of articles sampled during the year:

Almonds (ground)	4	Coffee & coffee extracts ...	2
Baking Powder	1	Colouring (culinary)	1
Banana pieces	1	Cooking fat	1
Beef suet	2	Crab (dressed)	1
Brawn	1	Curds	2
Butter	5	Currie powder	1
Cake & pudding mixture ...	2	Custard powder	2
Cheese	4	Drugs	14
Chocolate spread	1	Essences	3
Cochineal	1	Ginger (ground)	1
Coconut (desiccated) ...	2	Gravy browning	2
Ice cream	16	Rice	1
Jellies	6	Rock lobster	1
Lard	1	Sago	1
Margarine	1	Salad cream	3
Meringue powder	1	Sauces	6
Milk	251	Sausages	11
„ (condensed etc.) ...	8	Soft drinks	8
Nutmegs (ground)	1	Soup	1
Oatmeal (malted)	1	Strawberries (tinned) ...	1
Olive oil	2	Sugar	1
Paste (fish & meat)	7	Stuffing	1
Pepper	3	Sugar tarts	1
Pickles	1	Trifle mixture	1
Pork pie	2	Vinegar	5
Preserves	4		

TOTAL ... 401

Localities in which samples were taken during the year:

North Kesteven with approximate population of	30,000	...	75	samples
South Kesteven (including Bourne U.D.C.)	20,000	...	41	„
East Kesteven (including Sleaford U.D.C.)	30,000	...	84	„
West Kesteven	18,000	...	100	„
Grantham Borough	23,000	...	70	„
Stamford Borough	11,000	...	31	„

Average composition of all genuine milk samples taken during 1952:

	Number tested	Average fat Content	Average solids other than fat
Morning's milk ...	115 (137)	3.37% (3.47%)	8.72% (8.75%)
Evening's milk ...	70 (44)	4.30% (4.22%)	8.78% (8.85%)
Mixed milk ...	59 (65)	3.60% (3.51%)	8.80% (8.79%)
Average of all genuine samples ...	244 (246)	3.69% (3.65%)	8.76% (8.80%)

V.B.—The standard of the Sale of Milk Regulations, 1939 (below which milk is presumed to be adulterated until the contrary is proved) is 3.0% of milk-fat and 8.50% of solids other than fat.

The figures in brackets in the above Table are the comparable figures for last year.

SANITARY CIRCUMSTANCES

Housing:

The overall position with regard to the provision of new houses continues to be satisfactory. The increased rate of building has had a marked effect during the year and it is felt that in the near future the housing problem in many villages will be resolved. In others the continued deterioration of older properties still remains and it is becoming increasingly apparent that immediate steps should be taken to preserve these older properties.

Rural Housing Survey:

Total No. of houses surveyed to 31.12.52:—	10,362
Classification of houses surveyed:—	
I Satisfactory in all respects	1,366
II Minor defects	810
III Requiring repair, structural alteration or improvements	4,909
IV Appropriate for reconditioning under the Housing (Rural Workers) Acts ...	760
V Unfit for habitation and beyond repair at a reasonable expense	2,324
Houses surveyed but not yet classified ...	93
Houses condemned but occupied under licence	21

Improvement Grants—Housing Act, 1949:

Applications dealt with by R.D.C.'s (to 31.12.52)

Received	6
Approved	6
Rejected	—
Under consideration	—

Applications submitted to Regional Office of Ministry:

No. sent	6
No. approved	6
No. rejected	—
No. under consideration	—

Water Supplies and Sewerage:

The provision of mains water supplies and sewerage facilities to all the villages in the County is proceeding at a satisfactory rate, and in my Annual Report for 1953 I hope to include a comprehensive review of schemes which have been completed in the post war years.

TABLE I.—VITAL STATISTICS, 1952.

DISTRICT	Popul'n Mid-year 1952 (R.G.Est.)	No. of Live Births			Crude Birth Rate	Nett Birth Rate	No. of Stillbirths			Deaths under 1 year of age			Inf. Mort. Rate	No. of Deaths			C'de D'th R't	Nett Death Rate
		M	F	Total			M	F	Total	M	F	Total		M	F	Total		
Bourne ...	4,912	28	41	69	14.04	14.18	1	3	4	1	—	1	14.50	21	20	41	8.35	7.59
Grantham ...	23,380	193	181	374	15.99	15.83	4	3	7	9	9	18	48.13	142	132	274	11.72	11.25
Sleaford ...	7,108	69	53	122	17.16	16.98	6	1	7	1	4	5	40.98	51	51	102	14.35	13.20
Stamford ...	11,050	66	63	129	11.67	12.02	—	—	—	3	—	3	23.25	76	66	142	12.85	11.69
Total Urb. Dists.	46,450	356	338	694	14.94	15.08	11	7	18	14	13	27	38.90	290	269	559	12.03	11.30
East Kesteven ...	23,450	178	169	347	14.80	17.31	3	4	7	8	7	15	43.23	87	97	184	7.85	8.63
North Kesteven ...	31,740	254	219	473	14.90	16.09	6	4	10	7	5	12	25.37	145	120	265	8.35	8.18
South Kesteven ...	14,530	128	132	260	17.89	19.85	4	3	7	3	3	6	23.08	76	65	141	9.70	8.34
West Kesteven ...	18,430	169	152	321	17.42	18.98	4	6	10	9	5	14	43.61	91	85	176	9.55	8.97
Total Rur. Dists.	88,150	729	672	1401	15.89	17.63	17	17	34	27	20	47	33.55	399	367	766	8.69	8.51
Total Adminis- trative County...	134,600	1085	1010	2095	15.56	16.64	28	24	52	41	33	74	35.32	689	636	1325	9.84	9.44

TABLE II.—SHOWING FOR EACH COUNTY DISTRICT THE NUMBER AND CAUSES OF DEATH DURING 1952.

CAUSES OF DEATH	Bourne U.D.	Grantham Borough	Stleford U.D.	Stamford Borough	Aggregate	E. Kesteven R.D.	N. Kesteven R.D.	S. Kesteven R.D.	W. Kesteven R.D.	Aggregate	TOTALS
1. Tuberculosis, respiratory ...	1	8	2	1	12	1	4	2	4	11	23
2. Tuberculosis, other ...	—	1	1	—	2	—	2	—	—	2	4
3. Syphilitic disease ...	—	2	—	—	2	—	—	—	—	—	2
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis...	—	—	—	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ...	—	—	—	—	—	1	1	—	2	4	4
10. Malignant neoplasm, stomach ...	4	11	4	3	22	7	6	6	7	26	48
11. Malignant neoplasm, lung bronchus ...	1	14	4	2	21	3	7	3	2	15	36
12. Malignant neoplasm, breast	—	3	3	3	9	4	6	1	4	15	24
13. Malignant neoplasm, uterus	—	2	—	2	4	1	2	1	1	5	9
14. Other malignant and lymphatic neoplasms ...	3	32	5	23	63	11	26	14	17	68	131
15. Leukaemia, aleukaemia ...	—	1	2	—	3	2	—	2	2	6	9
16. Diabetes ...	1	—	1	—	2	2	2	1	1	6	8
17. Vascular lesions of nervous system ...	6	38	14	22	80	26	40	19	25	110	190
18. Coronary disease, angina ...	4	23	16	16	59	24	35	18	12	89	148
19. Hypertension with heart disease ...	—	2	—	1	3	6	3	2	3	14	17
20. Other heart disease...	13	52	27	29	121	20	47	24	46	137	258
21. Other circulatory disease ...	1	10	7	8	26	7	6	3	6	22	48
22. Influenza ...	—	—	—	—	—	—	—	—	1	1	1
23. Pneumonia ...	2	8	2	4	16	12	9	2	6	29	45
24. Bronchitis ...	3	7	1	4	15	6	12	8	7	33	48
25. Other diseases of respiratory system ...	—	3	2	2	7	1	2	1	—	4	11
26. Ulcer of stomach and duodenum ...	—	5	—	1	6	1	1	4	1	7	13
27. Gastritis, enteritis and diarrhoea ...	—	2	—	—	2	—	2	—	1	3	5
28. Nephritis and nephrosis ...	—	1	—	3	4	6	3	1	6	16	20
29. Hyperplasia of prostate ...	—	3	—	2	5	3	3	4	—	10	15
30. Pregnancy, childbirth, abortion ...	—	—	1	—	1	1	1	—	—	2	3
31. Congenital malformations	—	2	1	2	5	1	2	1	1	5	10
32. Other defined and ill- defined diseases ...	1	35	7	11	54	25	24	18	16	83	137
33. Motor vehicle accidents ...	—	1	1	—	2	7	10	2	3	22	24
34. All other accidents ...	1	6	—	—	7	4	8	2	2	16	23
35. Suicide ...	—	2	1	3	6	1	1	2	—	4	10
36. Homicide and operations of war ...	—	—	—	—	—	1	—	—	—	1	1
ALL CAUSES ...	41	274	102	142	559	184	265	141	176	766	1325

TABLE III.—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1952.

CAUSES OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS									
		All Ages	0—14	1—5	5—15	15—25	25—45	45—65	65—75	All Ages	0—14	1—5	5—15	15—25	25—45	45—65	65—75				
		M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F				
1. Tuberculosis, respiratory	...	290 269	14 13	—	1	1	8 10	37 37	76 71	110 136	399 367	27 20	5 4	10 1	20 3	24 19	70 67	102 86	141 167		
2. Tuberculosis, other	...	M F	3 3	—	—	—	—	—	—	—	6 2	— 1	—	—	—	—	—	—	—		
3. Syphilitic disease	...	M F	2 2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
4. Diphtheria	...	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. Whooping Cough	...	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6. Meningococcal infections	...	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
7. Acute poliomyelitis	...	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8. Measles	...	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. Other infective and parasitic diseases	...	M F	—	—	—	—	—	—	—	—	2 15	—	—	—	—	—	—	—	—		
10. Malignant neoplasm, stomach	...	M F	11 11	—	—	—	—	2 2	4 5	—	2 2	—	—	—	—	—	—	—	—		
11. Malignant neoplasm, lung	...	M F	16 16	—	—	—	—	2 2	4 5	5 11	15 12	—	—	—	—	—	—	—	—		
12. Malignant neoplasm, breast	...	M F	5 9	—	—	2 1	2 2	3 5	1 1	13 15	39 29	—	—	—	—	—	—	—	—		
13. Malignant neoplasm, uterus	...	M F	4 36	—	—	1 1	1 6	2 11	1 12	8 —	2 2	—	—	—	—	—	—	—	—		
14. Other malignant and lymphatic neoplasms	...	M F	27 1	—	—	—	—	1 1	1 12	—	4 3	—	—	—	—	—	—	—	—		
15. Leukaemia, aleukaemia	...	M F	2 1	—	—	—	—	1 1	—	—	4 3	—	—	—	—	—	—	—	—		
16. Diabetes	...	M F	1 1	—	—	—	—	—	—	—	3 3	—	—	—	—	—	—	—	—		
17. Vascular lesions of nervous system	...	M F	32 48	—	—	—	—	7 5	1 12	18 30	42 68	—	—	—	—	—	—	—	—		
18. Coronary disease, angina	...	M F	40 19	—	—	—	—	1 13	12 17	30 44	56 33	—	—	—	—	—	—	—	—		
19. Hypertension with heart disease	...	M F	3 —	—	—	—	—	1 1	1 1	—	9 64	—	—	—	—	—	—	—	—		
20. Other heart disease	...	M F	55 66	—	—	—	—	6 5	15 12	33 49	73 78	—	—	—	—	—	—	—	—		
21. Other circulatory disease	...	M F	11 15	—	—	—	—	2 1	7 5	8 14	—	—	—	—	—	—	—	—	—		
22. Influenza	...	M F	—	—	—	—	—	—	—	—	1 1	—	—	—	—	—	—	—	—		
23. Pneumonia	...	M F	6 10	—	—	1	—	—	1 3	—	15 21	8 1	—	—	—	—	—	—	—		
24. Bronchitis	...	M F	11 4	—	—	—	—	—	7 12	4 3	14 12	2 2	—	—	—	—	—	—	—		
25. Other diseases of respiratory system	...	M F	7 —	—	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—		
26. Ulcer of stomach and duodenum	...	M F	4 —	—	—	—	—	—	—	—	2 6	—	—	—	—	—	—	—	—		
27. Gastritis, enteritis and diarrhoea	...	M F	2 1	—	—	—	—	—	—	—	1 1	—	—	—	—	—	—	—	—		
28. Nephritis and nephrosis	...	M F	2 5	—	—	—	—	—	—	—	11 15	—	—	—	—	—	—	—	—		
29. Hyperplasia of prostate	...	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
30. Pregnancy, childbirth, abortion	...	M F	3 2	—	—	—	—	—	—	—	2 3	—	—	—	—	—	—	—	—		
31. Congenital malformations	...	M F	15 29	—	—	—	—	—	—	—	3 16	—	—	—	—	—	—	—	—		
32. Other defined and ill-defined diseases	...	M F	2 11	—	—	—	—	—	—	—	7 9	—	—	—	—	—	—	—	—		
33. Motor vehicle accidents	...	M F	2 —	—	—	—	—	—	—	—	1 16	—	—	—	—	—	—	—	—		
34. All other accidents	...	M F	4 —	—	—	—	—	—	—	—	6 16	—	—	—	—	—	—	—	—		
35. Suicide	...	M F	3 —	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
36. Homicide and operations of war	...	M F	—	—	—	—	—	—	—	—	3 1	—	—	—	—	—	—	—	—		

TABLE IV.—BIRTH RATES, DEATH RATES AND ANALYSIS OF MORTALITY DURING 1952.

	Rates per 1000 total Popul'n		Death Rates per 1,000 total Population						Rates per 1,000 Live Births		
	Live Births	Still-Births	All Causes	Whooping Cough	Diphtheria	Tuberculosis (All forms)	Influenza	Acute Poliomyelitis (including Polioencephalitis)	Pneumonia	Deaths under 1 year of Age	Deaths from Diarrhoea and Enteritis under 2 years
England and Wales ...	15.3	0.35	11.3	0.00	0.00	0.24	0.04	0.01	0.47	27.6	1.1
160 County Boroughs and Great Towns (including London) ...	16.9	0.43	12.1	0.00	0.00	0.28	0.04	0.01	0.52	31.2	1.3
160 Smaller Towns (Resident Popul'n 25,000-50,000 at 1931 Census) ...	15.5	0.36	11.2	0.00	0.00	0.22	0.04	0.00	0.43	25.8	0.5
London Administrative County ...	17.6	0.34	12.6	0.00	0.00	0.31	0.05	0.01	0.58	23.8	0.7
County of Kesteven ...	Crude 15.56 Nett 16.64	0.38	Crude 9.84 Nett 9.44	0.00	0.00	0.20	0.01	0.00	0.33	35.32	1.43

TABLE V.—INFANT WELFARE CENTRES, 1952.

Address of Centre	Days of Opening	Individual Children who attended			Attendances			Consultations with Medical Officer		
		Infants aged 0—1	Children aged 1—5	Total	Infants aged 0—1	Children aged 1—5	Total with Aver.	Infants aged 0—1	Children aged 1—5	Total
ALMA PARK— Grantham ...	First and Third Wednesday in the month	98	98	196	669	665	1334 (56)	115	87	202
ANCASTER—... Oddfellows Hall	Fourth Thursday ...	20	11	31	85	49	134 (12)	41	16	57
BASSINGHAM— Comrades Hall	Second Tuesday ...	20	18	38	65	66	131 (11)	39	36	75
BILLINGBOROUGH— Foresters Hall	Third Tuesday... ...	44	68	112	206	303	509 (42)	136	153	289
BILLINGHAY— Church Hall ..	Second & Fourth Wednesday	52	51	103	322	355	677 (29)	105	89	194
BOURNE— The Clinic, North Rd.	First and Third Thursday *	93	103	196	651	647	1298 (54)	272	237	509
BRACEBRIDGE HEATH Village Hall ..	Fourth Thursday ...	25	54	79	108	281	389 (35)	80	129	209
BRANSTON— Methodist Chapel	Second Tuesday ...	38	69	107	184	291	475 (40)	86	130	216
CASTLE BYTHAM— Village Hall ...	Second Wednesday ...	18	12	30	88	84	172 (14)	32	23	55
CLAYPOLE— Village Hall ...	First Thursday... ..	30	40	70	132	160	292 (24)	39	29	68
COLSTERWORTH— Wesleyan School	Fourth Monday ...	31	32	63	140	157	297 (27)	63	47	110

TABLE V (Continued)—INFANT WELFARE CENTRES, 1952.

Address of Centre	Days of Opening	Individual Children who attended			Attendances			Consultations with Medical Officer	
		Infants aged 0—1	Children aged 1—5	Total	Infants aged 0—1	Children aged 1—5	Total with Aver.	Infants aged 0—1	Children aged 1—5
CORBY— Church Room ...	Fourth Friday ...	27	36	63	111	111	222 (20)	83	67
EAGLE— Methodist Schoolroom ...	Second Wednesday ...	14	20	34	60	83	143 (12)	36	43
FOLKINGHAM— Village Hall ...	First Friday ...	18	21	39	97	94	191 (16)	75	67
FULBECK— Reading Room ...	Last Wednesday ...	41	20	61	160	128	288 (24)	62	39
GRANTHAM— 40 Westgate ...	Every Tuesday, Wednesday, and Thursday ...	420	388	808	3825	2018	5843 (37)	192	283
GREAT GONERBY— Memorial Hall ...	First Monday ...	8	33	41	42	141	183 (17)	12	15
HECKINGTON— Village Hall ...	Third Thursday ...	53	70	123	292	453	745 (62)	135	154
MARKET DEEPING Annexe to New Inn ...	Second and Fourth Monday ...	50	20	70	320	130	450 (20)	121	38
MARTIN— Wesleyan Church Schoolroom ...	Third Wednesday ...	41	62	103	229	234	463 (39)	134	121
METHERINGHAM— Village Hall ...	First and Third Wednesday ...	93	61	154	715	563	1278 (53)	200	117
MORTON— Cadets' Hut ...	Third Friday ...	29	31	60	117	133	250 (21)	85	93
NAVENBY— Wesleyan School ...	Second Friday ...	40	53	93	156	212	368 (31)	83	90
NORTH HYKEHAM Wesleyan School ...	Second and Fourth Tuesday ...	77	36	113	502	343	845 (37)	193	114

TABLE VI.—*PREMATURE INFANTS BORN DURING 1952.

	WEIGHT AT BIRTH					Totals
	2 lb. 3 oz. or less	Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	Over 4 lb. 6 oz. up to and including 5 lb. 8 oz.	Over 5 lb. 8 oz. up to and including 6 lb. 10 oz.	
(1) Born at home and nursed entirely at home:—						
(a) Died in first 24 hours ...	1	—	1	—	1	3
(b) Died 2nd to 7th day ...	—	—	—	—	—	—
(c) Died 8th to 28th day ...	—	—	—	—	—	—
(d) Survived 28 days ...	—	—	4	4	21	29
(2) Born at home and removed to hospital:—						
(a) Died in first 24 hours ...	1	1	1	—	—	3
(b) Died 2nd to 7th day ...	—	2	2	—	1	5
(c) Died 8th to 28th day ...	—	—	—	—	—	—
(d) Survived 28 days ...	—	—	3	1	1	5
(3) Born in Hospital or Nursing Home:—						
(a) Died in first 24 hours ...	1	3	2	1	—	7
(b) Died 2nd to 7th day ...	2	5	5	1	1	14
(c) Died 8th to 28th day ...	—	1	2	1	1	5
(d) Survived 28 days ...	—	—	9	20	34	63
Totals:	5	12	29	28	60	134

*i.e., babies weighing 5½ lbs. or less at birth, irrespective of period of gestation.

TABLE VII.—DISTRIBUTION OF NOTIFIED CASES OF INFECTIOUS DISEASES IN RURAL AND URBAN DISTRICTS, 1952
(including Non-Civilians)

SANITARY District	Total No. notified	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Acute Pneumonia	Ophthalmia Neonatorum	Puerperal Pyrexia	Dysentery	Erysipelas	Acute Poliomyelitis		Enteric Fever	Para-Typhoid Fever	Malaria
											Paralytic	Non- Paralytic			
Bourne U.D. ...	55 (243)	12	—	8	15	12	—	—	—	8	—	—	—	—	—
Grantham M.B. ...	336 (826)	16	—	237	55	25	—	—	—	3	—	—	—	—	—
Sleaford U.D. ...	153 (230)	17	—	31	92	1	—	8	—	4	—	—	—	—	—
Stamford M.B. ...	454 (115)	10	—	330	97	14	—	—	—	—	—	—	1	2	—
Aggregate of Urban Districts ...	998 (1414)	55	—	606	259	52	—	8	—	15	—	—	1	2	—
E. Kesteven R.D. ...	292 (520)	31	—	77	171	6	—	2	1	2	—	—	1	1	—
N. Kesteven R.D. ...	66 (232)	3	—	13	26	10	1	2	10	—	1	—	—	—	—
S. Kesteven R.D. ...	383 (358)	27	—	226	109	16	—	—	—	5	—	—	—	—	—
W. Kesteven R.D. ...	329 (270)	16	—	237	61	9	—	3	—	1	1	—	—	1	—
Aggregate of R.D.'s ...	1070 (1380)	77	—	553	367	41	1	7	11	8	2	—	1	2	—
Totals for whole County ...	2068 (2794)	132 (67)	— (—)	1159 (1640)	626 (863)	93 (161)	1 (1)	15 (7)	11 (24)	23 (18)	2 (7)	— (3)	2 (—)	4 (1)	— (2)

Note.—Figures in brackets relate to 1951.

TABLE VIII.—CLINICS.

Address	DENTAL	ORTHOPAEDIC	OPHTHALMIC*	E.N.T.*	RHEUMATISM* AND HEART	SPEECH THERAPY
BEACONFIELD, GRANTHAM.	Tues. & Fri. 9 a.m.—5 p.m.	Mon. 9-12 noon. Wed. 9 a.m.—5 p.m. Fri. 9 a.m.—5 p.m. Sat. 9-12 noon.	1st & 3rd Fri. each month. 10 a.m.—1 p.m.	Last Fri. each month. 11—12 noon.	As and when required.	Mon. 9 a.m.— 4.30 p.m.
BARNHILL HOUSE, STAMFORD.	Thursday 9.30 a.m.—4 p.m.	Tuesday 2—4.30 p.m.	1st & 3rd Thurs. each month. 2—4 p.m.	—	—	Tues. 9.30 a.m.— 4.30 p.m.
NORTH ST., BOURNE.	As required.	Tuesday 10-12 noon	2nd and 4th Thursdays each month, 2—4 p.m.	—	—	Thurs. 2-4 p.m.
LAFFORD HOUSE, SLEAFORD.	Wednesday 9 a.m.—5 p.m.	Monday 2—4.30 p.m. Thursday 9.30 a.m.— 4.30 p.m.	2nd Tues. each month. 3—5.30 p.m.	1st Fri. each month. 11 a.m. —1 p.m.	As and when required.	Wed. 2—4.30 p.m. Thurs. 9 a.m. —12 noon Fri. 2—4.30 p.m.
30 LINDUM RD., LINCOLN.	—	—	—	—	3rd Tues. each month. 10-12 noon	Wed. 9.30 a.m.—12 noon
Surgeon attends as required						

*under arrangements with the Regional Hospital Boards

All services by appointment only.

TABLE IX.—ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1938,
IN CASES OF UNSATISFACTORY SAMPLES, 1952.

No. of Sample	Article	Report of Public Analyst	Action Taken
3	Pork Sausages	9.6% deficient in meat.	As Vendor produced written warranty, Wholesaler was prosecuted and fined £10. (Stamford).
5	Pork Sausages	17.1% deficient in meat.	The Vendor who was also the maker of these sausages was prosecuted and fined £5. (Grantham Borough).
77	Milk	Contained 52% of added water.	The Vendor-Producer was prosecuted and fined £8 with £22.2.0 costs. (Lincoln).
89	Sugar	Contained 8% of Oatmeal.	Both retailer and wholesaler were informed, but as the adulteration appeared to be accidental, no further action was taken.
243	Milk	Contained 9% of added water.	The Vendor was prosecuted and fined £5 with £6.6.0 costs. (Spitalgate).
303	Milk	Contained 6% of added water.	As only small quantities of milk were involved, the Vendor-Producer was cautioned.
309	Milk	Contained 3% of added water.	
305	Milk	Contained 11.0% of added water.	The Producer was prosecuted and fined a total of £6 with £4.4.0 costs. (Bourne).
306	Milk	Contained 10.0% of added water.	
329	Milk	Contained 17.0% of added water.	The Producer who was selling his milk wholesale was prosecuted and fined the maximum penalty of £20 with £7.7.0 costs. (Sleaford).
392	Beef Sausages	7.5% deficient in meat.	In view of certain mitigating circumstances the Vendor was cautioned in writing.

W. K. MORTON & SONS
LONDON